MEDICAL ETHICS

. . AND . .

COGNATE SUBJECTS

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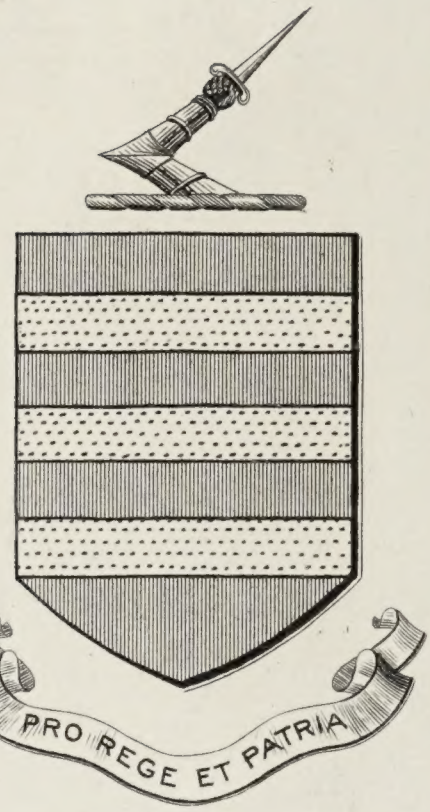

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FEE-SPLITTING AUDIT

Frowned on by Medical Boards

A few authoritative comments upon the Ontario Supreme Court's decision validating hospitals' right to regulate physicians and surgeons in the endeavour to stamp out fee-splitting.

THE DECISION of Ontario Supreme Court Justice A. M. LeBel in the case brought by three doctors of Victoria Hospital, London to declare invalid hospital bylaws which forbade the practice of fee-splitting and assailed the hospital's right to discipline doctors who split fees, was delivered at the end of August. It was immediately seen as of such importance to the future of doctor-hospital relations as to render it virtually certain the case will be carried to the Ontario Court of Appeals and probably from there to the Supreme Court of Canada. Meanwhile reactions to the decision for the hospital have been varied. Some of them are reported here.

"Practically all doctors and hospitals are in agreement that fee-splitting should be outlawed" stated Dr. W. D. Piercey of the Canadian Hospital Association. "In this respect the London case provides the formal ruling that fee-splitting *is* illegal. However, it seems that the audit provision, apparently designed to deal with a purely local problem, doesn't have wide support among doctors. It is hard to say whether many other hospitals will follow suit. For one thing fee-splitting is not a widespread problem and for another, the medical staff members are likely to resist the audit."

"The Ontario Medical Association" said Dr. Glen Sawyer, general secretary of that body, "feels that in Ontario any disciplinary action in that regard should be taken by the College of Physicians and Surgeons, the body established under the Medical Act for that purpose. The Ontario Medical Association" he said "is discussing this with the College with a view to having the College undertake this work under the present Medical Act or under an amended act if necessary.

"The basic objection" said a

spokesman for the Canadian Medical Association" is to the methods being used (the audit). Doctors don't like the implication they are dishonest, and there is also the question whether the whole audit system is enforceable in practice. It would be out of the question economically to audit all staff doctors' books, and doctors who were firmly opposed could make any auditor's job very difficult."

"The decision opens up a wide area of outside interference in business in general" said a prominent Ontario doctor, his opinion being representative of many others of the profession in the province. "Up to now the only organization with the legal right to examine personal records is the Taxation Division of the Department of National Revenue. This concession could well provide a precedent for similar inspection of all sorts of groups."

(This danger is not as great as suggested, according to the tentative opinion of lawyers queried. They point out that similar powers to examine books are already in existence, including among others the right of the Upper Canada Law Society to examine its members' books. However, they agreed that the London case is unusual, since it gives this auditing authority to a hospital, an institution outside of the profession concerned.)

The suggestion most commonly encountered among those who have given thought to the question as a solution for fee-splitting involves a two-step move. (1) Revision of current specified fee for services for each fee schedules providing for a person involved in treating a patient, with each billing him separately. Steps have already been taken toward this by the Ontario Medical Association which in 1955 revised its fee schedule to break it down into three categories; Total charge, surgeons share and assistants' share. This would be broken down further to divide it up for number of calls made, diagnosis, pro- and post-operative care, etc. (2) Provision of audit of doctors' books under the control and supervision of the College of Physicians and Surgeons, a medical body. This would end objections to hospital control and layman interference in medical affairs and could come under the established powers of the College to regulate conduct of licensed doctors.

Fee splitting is not a common practice in Manitoba, according to doctors interviewed there. The registrar of the College of Physicians and Surgeons of Manitoba and secretary of the said that no cases of fee-splitting had been brought to his attention officially. The superintendent of the St. Boniface Hospital said he had heard rumors of the practice but it was difficult to prove. He suspected some cases.

St. Boniface Hospital has strict rules against this practice

(*Concluded on page* 80)

the county of Wentworth, died on September 10th. Born in Merton, Ont. in 1895 he attended Oakville High School and in 1916 graduated in medicine from the University of Toronto. He began his medical practice in Mount Hope, and moved to Ancaster four years later, practising there until his health forced him to retire in 1948.

DR. JOHN E. HETT
died on September 25th at Windsor, Ont. at the age of 86. He graduated in medicine from the University of Toronto in 1891 and began his medical career in Kitchener. He established the Hett Cancer Treatment and Research Clinic which he afterwards transferred to Windsor.

DR. DONALD McGILLIVRAY
who practised in Toronto until his retirement a few years ago, died on September 24th at the age of 89. Born at Pickering, he attended public and high schools at Whitby. Prior to graduating in medicine from the University of Toronto in 1897 and Trinity University in 1899 he had been a druggist at Uxbridge. He did postgraduate work in England and became a member of the Royal College of Surgeons and a licentiate of the Royal College of Physicians. Dr. McGillivray had served with the Royal Grenadiers in Toronto and went overseas in the First World War with No. 4 Hospital Unit. He was invalided to Canada in 1917 and later was appointed consultant to the Dominion Medical Examining Board, a post he held until the war's end. He was a member of the medical staff at the University of Toronto for many years, an honorary life member and physician of the St. Andrews Society of Toronto, and an honorary life member of the Aesculapian Club.

DR. JOHN R. MENCKE
who served the town of Fort Erie, Ont., for 56 years as medical practitioner and two years as mayor, died on September 26th at the age of 83. He retired in 1950. Born in Toronto, he was a graduate of the University of Toronto and went to Fort Erie when he was just twenty-one years of age, later taking post-graduate work in England.

DR. PAUL VINCENT MARCEAU
coroner of the Quebec district, who had practised his profession in the Quebec capital since 1917, died on September 5th at the age of 66. Born at Notre Dame de Levis, he studied at the College de Ste. Anne de la Pocatiere and afterwards entered Laval University where he secured his M.D. in 1917.

DR. AUSTIN LAVERNE SPEERS
of Ancaster, Ont., died on September 10th in his 61st year. A former coroner of Wentworth County, he had been in retirement since 1948. Born at Merton, Ont., he was educated locally and in Oakville High School and graduated in medicine from the University of Toronto in 1916. He began to practice in Mt. Hope, moving to Ancaster in 1920 and continuing thereafter to serve the Glanford-Ancaster area.

FEE-SPLITTING . . .

(*Concluded from page* 50)

and every doctor who works in the hospital signs a pledge not to engage in fee-splitting. The same pledge is written into the bylaws of the Winnipeg General Hospital but "the hospital can't undertake to police the regulation" according to a spokesman. At the Victoria Hospital, on the other hand, there are no rules against it but a spokesman didn't know of any cases of the practice.

A Lion and a Mouse

Upon the roaring of a Beast in the Wood, a Mouse ran presently out and saw a Lion Hamper'd in a Net. Upon a strict Enquiry, she found this to be the very Lion that let her go when she had fall'n under his Paw. So she set herself to gnaw upon the Threds and deliver'd her Preserver.

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CODE OF ETHICS

REVISED JUNE 1922

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J. H. CAMERON,
307 SHERBOURNE ST.
TORONTO.

CHAPTER A

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

1. A Physician should not only be ready at all times to obey the calls of the sick, but his mind should be ever attuned to the greatness of his mission and its responsibilities. These obligations are the greater because, if he should be neglectful there is usually no tribunal to be appealed to other than his own conscience. He ought, therefore, to have due regard to the responsibilities of his office, considering that the comfort, the health, and even the lives of those committed to his charge depend upon his skill, attention and fidelity. A physician should unite tenderness with firmness, and consideration with authority, thus inspiring his patients alike with confidence and gratitude.

2. Every case committed to the charge of the physician should be treated with serious attention and humanity. Reasonable allowance should be made for the mental infirmities and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed, and the familiar and confidential intercourse to which physicians are admitted in their professional visits should be used with discretion, and with the most scrupulous regard to fidelity and honour. The obligation to secrecy extends beyond the period of professional services. No circumstance connected with the privacies of personal or domestic life, no infirmities of disposition, or stain of character, observed during professional attendance, should ever be divulged by the physician, except when he is imperatively required legally to do so. So reasonable and necessary is this

obligation that, under certain circumstances, the physician's observance of secrecy is protected by courts of justice.

3. Frequent visits to the sick are sometimes necessary to arrive at a more complete knowledge of the disease, to deal promptly with different phases as they occur and to preserve the confidence of the patient. But unnecessary visits are to be avoided as they cause needless anxiety to the patient, tend to lessen the authority of the physician and leave him open to suspicion of interested motives.

4. A physician should studiously avoid making gloomy prognostications, as they savour of empiricism, and magnify the importance of his services in the treatment of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it is really present; and even to the patient himself if necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be a minister of hope and comfort, should bring cordial to the drooping spirit, soothe the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquility of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words and manner of a physician. It is therefore a sacred duty of the physician to avoid as far as possible what may tend to discourage and depress the patient.

5. A physician ought not to abandon a case because the disease is deemed incurable, for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even to the end of a fatal malady, by alleviating pain, allaying symptoms, and soothing mental anguish. To refuse attendance in such extremity is to sacrifice to fanciful deli-

cacy and mistaken liberality, that moral duty which is independent of, and far superior to, all pecuniary considerations.

6. Consultations in difficult or protracted cases should be encouraged, as the experience a consultant may have had may be of advantage to the patient; besides which they increase confidence, share responsibility and enlarge views of practice.

7. The opportunity a physician not infrequently enjoys of promoting and strengthening the good resolutions of patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence if proffered with politeness, with a genuine love of virtue and a sincere interest in the welfare of the patient.

CHAPTER B

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE

Article I—Duties for the Support of Professional Character

1. The obligation assumed on entering the profession requires the physician to comport himself as a gentleman, to uphold the dignity and honour of his vocation, to exalt its standards and extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots. To accept their thraldom is to take away all liberty from one's action and thought." (Nicon, father of Galen).

2. The medical profession should yield to none in the purity of character and high moral standards required of its practitioners. This they owe alike to themselves, their profession and their patients.

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand bills inviting the attention of individuals affected by particular diseases, publicly offering advice and medicine to the poor *gratis*, or promising radical cures; to publish cases and operations in the daily prints, or suffer such publication to be made; to invite laymen to be present at operations, to boast of cures and remedies; to adduce certificates of skill and success; or to perform any other similar acts. These are the ordinary practices of empirics and, in a regular physician, are highly reprehensible. However, in the case of a physician or surgeon beginning the practice of his profession or removing to a new locality, a simple announcement by an unobtrusive card in the public prints is unobjectionable.

4. Equally reprehensible is it for a physician to receive remuneration from a patient for any

surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself, or others. It is reprehensible also for physicians to give certificates attesting the efficacy of patent or secret medicines or in any way to promote their use.

5. It is the duty of every physician to associate himself with local, provincial, and Canadian medical associations, that he and his fellow practitioners may thus the better equip themselves for the work of their profession.

Article II.—Professional Services of Physicians to Each Other— Physicians Dependent on Each Other

1. Experience shows it unwise for a physician to treat members of his own family or himself. A brother practitioner should therefore always be willing to render professional service freely to any physician practising in his vicinity or to the immediate family dependents of physicians.

Compensation for Expenses

2. When a physician from a distance is called to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy circumstances, a compensation that will at least meet the travelling expenses of the visiting physician should be proffered. When such a service necessitates absence of the visitor from his accustomed field of professional work that might reasonably be expected to entail pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

One Physician to Take Charge

3. When a physician or a dependent member of his family is seriously ill, he or his family should select from among his neighbouring col-

leagues one to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

Article III.—Of the Duties of Physicians Regarding Consultations

1. On no condition should a physician consult with other than a regularly qualified practitioner.

2. In a consultation the good of the patient is the sole object.

3. No rivalry or jealousy should be indulged; candour, probity and all due respect should be held toward the physician in charge of the case.

4. Consultants should retire to a private place for deliberation. The one in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions it may be thought proper to express. But no statement or discussion should take place before the patient or his friends, except in the presence of all the consultants attending, and by their common consent, and no opinions or prognostications should be given which are not the result of previous deliberation and concurrence.

Attending Physician Responsible

5. The Physician in attendance is in charge of the case and is responsible for the treatment. Consequently he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation, whenever, in his opinion such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided upon at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should not do more than this without the consent of the physician in charge.

6. A physician who is called upon to consult should observe the most honourable and scrupulous regard for the character and standing of the practitioner in attendance. The practice of the latter, if necessary, should be justified as far as consistent with a conscientious regard for truth, and no hint or insinuation should be thrown out which would impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

Consultant and Attendant

7. When a physician has been present as a consultant in a case, he should not attend the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

8. When a patient is sent to one especially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge to accompany the patient, the physician in charge should send to the consultant by mail, or in care of the patient under seal, a history of the case, together with the physician's opinion, and an outline of the treatment, or as much of this as may possibly be of service to the consultant. As soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigations of the case.

Article IV.—Duties of Physicians in Case of Interference

1. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve.

No meddling inquiries should be made, no disingenuous hints given relative to the nature and treatment of his disorder, nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

2. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided except under special circumstances, and when they are made no particular inquiries should be made as to the nature of the disease or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

3. A physician ought not to take charge of, or prescribe for, a patient recently under the care of another member of the faculty, during the same illness, except in emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case or has been regularly notified that his services are no longer desired. Under such circumstances no unjust, illiberal insinuations should be made, as to the conduct or practice previously pursued; but these should be justified as far as candour and regard for truth and probity will permit.

4. When a physician is called to a case because of urgency, when the family attendant is not at hand, he should, unless his assistance in consultation be desired, resign the care of the patient to the regular attendant immediately on his arrival.

5. In such emergencies as sudden onset of illness, recent accidents or injuries, it often happens that through alarm and anxiety of friends a number of physicians are simultaneously sent for. Under such circumstances courtesy should assign the care of the patient to the first to arrive, who may select from others present what assistants he may deem necessary. He should,

however, request that the family physician, if there be one, be called, and resign the case to him on his arrival, unless his own further attendance has been requested. This rule shall apply equally when the patient has been taken to a hospital.

6. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he should on recovery or return of the regular attendant relinquish the case.

7. When a physician attends a woman in labour in the absence of another who has been engaged to attend, he should resign the patient to the one first engaged upon his arrival. Each physician is entitled to compensation for the professional services he may have rendered.

Article V.—Of Differences Between Physicians

1. Whenever there arises between physicians a grave difference of opinion which cannot be properly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians preferably the Committee on Ethics of the Local Medical Society.

It is desirable that such a committee be appointed in each county or local society.

Article VI.—Of Standards of Fees

1. General rules and standards regarding fees should be adopted by the profession in every province and district. It should be deemed a point of honour to adhere to these standards with as much uniformity as varying circumstances and conditions will admit.

2. The payment of a commission to any person or persons who may be instrumental in influencing a patient or patients to apply for professional advice, is wrong in principle, and detrimental to the best interests of our profession.

3. When two or more practitioners are engaged in a case the disposition of the respective fees shall be made only with the knowledge and consent of the patient.

4. Physicians give their services free much more generally and generously than is usual in any other profession, but justice requires that some limit should be applied to such free services. Poverty, professional brotherhood, and certain public duties, should always be recognized as presenting valid claims for gratuitous services. But no special profession or occupation can be considered as entitled to claim such privilege; nor can institutions endowed by the public or rich individuals, nor societies for mutual benefit for the insurance of lives. Certificates for such insurance should be paid for whether furnished by a medical advisor of the company or by the family physician. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries or to testify as to the state of health of persons wishing to insure their lives, obtain pensions or the like, without payment. But to individuals in indigent circumstances such professional services should always be cheerfully and freely given.

× But may be to enjoy

CHAPTER C

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC

1. It is the duty of physicians as good citizens, with constant vigilance, to strive diligently for the general welfare and to bear their share in community institutions and burdens. In matters in which their work and training makes them experts, such as personal and community hygiene, health preservation or the prevention of epidemic and contagious diseases they should be ever ready to give counsel for the general good. When pestilence is upon the people it is their duty to continue their work for the alleviation of suffering even at the jeopardy of their lives.

2. Physicians who are daily witnesses of the enormities committed by quackery, and the injury to health, and even loss of life, caused by the use of fraudulent and quack medicines and procedures, should consider it their duty to enlighten the public about these, and to expose injuries sustained by the unwary from the pretensions and devices of empirics and impostors. They should use all their influence, by exercising an option as to shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines or from having a part in any way in their manufacture or sale.

Principles of Ethics

In conclusion it may be pointed out that such a Code of Ethics as has been outlined is based upon the Golden Rule, that the principles enunciated are primarily for the good of the patient and of the public at large, and that their observance and enforcement should be such as shall deserve and receive the hearty endorsement of the community.

CANADIAN MEDICAL PROTECTIVE ASSOCIATION

BULLETIN No. 1

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FOREWARD

This bulletin contains items of material interest to every medical practitioner.

* * *

Please preserve and read carefully before writing for further information.

* * *

Annual Fee three dollars, half rates from July. If cheque used for remittance have marked payable at par, Ottawa, or add fifteen cents to cover cost of collection.

Malpractice is usually regarded as a failure to exercise reasonable skill and care in the treatment of a patient, and may render the practitioner liable to an action for damages. If there has been gross neglect leading to the death of a patient, he may even be indicted for manslaughter.

A practitioner is not expected to be infallible, and will not be held liable for the results of a mistake in diagnosis or error in treatment, provided negligence has not been displayed and the error is one which might have been made by any prudent practitioner. Ordinary or average skill and attention is all that is demanded, and each case is decided upon its merits, according to the particular circumstances.

In his defence however, the practitioner must be prepared to show that he has made an adequate examination and applied the recognized methods of diagnosis. It is always prudent for example, when dealing with an injury which may have caused fracture or dislocation of bones, to have the part involved x-rayed. After reduction in such injuries it is also wise to have the parts rayed once or more again as occasion demands in order to see that good apposition of parts is maintained. Similar investigation is called for when there is a question of a foreign body, e.g., a needle, imbedded in the tissues. Using all the known usual methods for a proper diagnosis is to be desired. In performing an abdominal operation care must be exercised to make sure that all sponges. swabs, instruments, etc., have been removed from the body before the incision is closed. Not a few instances have occurred of such things being left in the body cavity, and it is established that in law the responsibility rests with the surgeon.

Further, the practitioner who keeps good

records of his cases, including follow up notes, and has a consultation in doubtful or suspicious cases has little reason to fear when threatened with an action for malpractice.

A medical man has no right to examine a person without that person's consent, or in the case of a child, the consent of the parent or guardian. Examination of a patient against his or her will may render the physician liable to a charge of assault, or an action for damages. A physician is sometimes asked by an employer to examine an employe who is perhaps suspected of suffering from venereal disease, or is asked by a mistress to examine a maid who is thought possibly to be pregnant. In no case of this sort can the examination be made without the person's consent; moreover, even if the examination is permitted, the person's further consent must be given to communicate the findings of the examination to a third party.

No order to examine a person given by a magistrate, police officer, coroner, or other authority can relieve the medical practitioner of his personal liability, and if he acts on such an order he does so at his own risk.

A caution may be uttered here against anaesthetising a woman, for however brief a period, except in the presence of a third party. Delusions arising while under the anaesthetic may lead the woman, quite genuinely, when she recovers consciousness, to suppose that she has been the victim of an assault.

When an operation involving the use of a general anaesthetic is to be performed, it is always wise to obtain the consent of the patient in writing to that operation, or, in the case of a child, the consent of the parent or guardian. Further, when the operation is one the limits of which cannot be foreseen, the surgeon should obtain the consent of the patient to use his

discretion according to the conditions which he finds.

A medical practitioner should exercise the utmost caution in filling up and signing a certificate of insanity. The statements under the heading "Facts indicating insanity observed by myself at the time of the examination" must be sufficient by themselves to convince an independent reader of the existence of a state of insanity. The medical practitioner should be satisfied that the alleged lunatic is either dangerous to himself or others, or is incapable of taking care of himself, and is accordingly a fit and proper person to be detained in an institution. If there is any failure to exercise good faith or reasonable care, the physician may be subjected to an action for damages.

Warning may also be given to several conditions which are not considered malpractice. These include the improper issuing of orders for spirituous liquors, infractions of the Opium and Narcotic Act, issuing certificates of illness not absolutely true for the Workmen's Compensation Boards of the various Provinces, failure to register or report births and deaths, etc. Infractions in these cases are either the result of carelessness or a wilful endeavor to deceive. The results when brought to trial are often serious as in addition to fine or imprisonment or both, the license to practice is often cancelled by the licensing body of the Province in which the misdemeanor was committed.

The Canadian Medical Protective Association was founded at a meeting of the Canadian Medical Association held in Winnipeg in 1901. The general objects of the Association are:—

(a) To support, maintain, and protect the honour, character and interests of its members.

(b) To encourage honourable practice of the medical profession.

(c) To give advice and assistance to, and defend and assist in the defence of, members of the Association in cases where proceedings are unjustly brought or threatened against them.

(d) To promote and support all measures likely to improve the practice of medicine.

That in pursuance of the said objects, this Association has undertaken to assist in defending civil actions for damages for alleged malpractice in the practice of medicine or surgery, where such actions appeared to the Executive Committee and to the general Counsel of the Association to be unjust, harassing or frivolous, or where it appears otherwise to be reasonable to afford the member whose conduct is impeached, an opportunity of defending himself before a court of law.

The Association does not knowingly assist in the defence of one of its members who has been guilty of malpractice, and before assuming the expense of his defence, the Association does so upon faith in the statements made by him, believing that there is no reason why an adverse verdict should be given. It requires from the member so charged a full statement of the facts, including a history of the case, of his attendance and treatment, and a statutory declaration setting forth the facts briefly, and stating that the member has not been guilty of any negligence or want of care, skill and attention in the treatment of the case, or performance of the operation (as the case may be). The Association pays the reasonable taxable costs of the defence, which must be conducted by the Solicitors and Counsel of the Association,

or others selected and approved by them, and it will require a full statement of the services rendered, itemized, and disbursements incurred. The fees payable to witnesses are included, but fees payable to experts, for professional opinions, or special fees as witnesses are not included. The principles of medical ethics are such that no one claiming to be a medical expert, should expect a special fee, any more than one physician should charge another for medical attendance on his own person.

This means our Association is ready to defend alleged malpractice charges to the furthest extent. However, there are some things we do not do.

We do not defend offences against the various Provincial Temperance Acts, the Opium and Narcotic Drug Act, nor charges of issuing false certificates.

We do not help our members to collect their accounts. If a patient threatens you with an action if you enforce payment, go ahead and collect your account and if a malpractice action results it will have attention.

Occasionally physicians have libel actions against each other. Our Association is not concerned with these personal differences. If you want help, the committee on medical ethics of your local or provincial medical society exists for that purpose. In passing it may be stated that it is the duty of all regular practitioners to not only belong, but also to attend their local, provincial and national medical associations. In union there is strength.

And finally should you receive a letter claiming damages for alleged malpractice and stating a writ will be issued unless settlement is made,

what should you do? In the first place it is generally wise to make no statements, nor have any correspondence with the plaintiff or his lawyer. Even if a writ is issued there is generally plenty of time to enter an appearance, and after that ample time to prepare your defence. Send all letters received together with a full statement of your side of the case to our Secretary-Treasurer, who will lay the facts before the Executive Committee, and you will very shortly receive instructions telling you what to do. While our General Counsel, Mr. Chrysler, reserves the right to defend the action himself or to name the legal representative required, he endeavors as far as possible to meet the wishes of the member charged as to who will conduct his defence. From these statements it will be seen that it is not necessary to rush off to consult a lawyer at once when threatened with an action, but communication should be made at once with our Executive Committee. And lastly, prevention is better than cure. Careful and honest work, well kept records and the free use of the ordinary everyday means of diagnosis will eliminate most troublesome cases.

R. W. POWELL, M.D.,
Pres.
J. FENTON ARGUE, M.D.,
Sec.-Treas.

116 Nepean Street,
Ottawa, Canada.

I. H. CAMERON,
307 SHERBOURNE ST.
TORONTO.

Medical Ethics

AND

COGNATE SUBJECTS

Segnius irritant animos demissa per aurem,
Quam quae sunt oculis subjecta fidelibus.—*Horace.*
Ars Poetica, ll. 193-194.

BY

JAMES S. SPRAGUE, M.D.

CHAS. P. SPARLING & CO., PUBLISHERS
TORONTO, 1902

AT THE VAUDEVILLE SHOW
"There's an efficient critic."
"Yes, he doesn't leave a turn unstoned."—Christian Science Monitor.

TO

W. B. GEIKIE, M.D., C.M., D.C.L.,

DEAN OF TRINITY MEDICAL COLLEGE,

THIS LITTLE VOLUME

(FOR WHICH THE AUTHOR CLAIMS NO DISTINCT ORIGINALITY)

IS MOST FRATERNALLY AND RESPECTFULLY DEDICATED AS A TOKEN OF ADMIRATION

FOR DISTINGUISHED ABILITIES ZEALOUSLY AND MOST SUCCESSFULLY DEVOTED TO MEDICAL EDUCATION, AND THE EDUCATION OF THE MEDICAL PROFESSION IN CANADA; AND AS

A TRIBUTE OF PROFOUND GRATITUDE

FOR INSTRUCTION RECEIVED IN EARLIER YEARS AS WELL AS A

TESTIMONIAL AND MEMORIAL OF FRIENDSHIP

Which, commencing in the relation of Professor and Student, has existed unbroken during many years, and is now as much cherished and as fervent as ever.

By his pupil and friend,

THE AUTHOR.

Eruditissimo viro

GUALTERO B. GEIKIE, M.D., C.M., D.C.L.

Decano Trinitatis Collegii ad Medicinam Docendam,

Propter facultates egregias, quas summa cum curâ
felicitateque ad viros Canadenses Medicinæ
studiosos in arte sua rite erudiendos
adhibuit, necnon caritatis gratia
qua eum ut primo magistrum
discipulus, ita jam multos
per annos amicum
amicus ipse
colit,

HUNC LIBELLUM,

In quo id modo auctor egit, ut sapientiam aliorum
rite ornatum feliciter interpretaretur, animo
amantissimo et gratissimo dat,
donat, dedicat,

Jacobus S. Sprague.

PREFATORY NOTES.

In the presentation of this work on the Institutes and Precepts of Medical Practice, or Methical Ethics, to medical students and practitioners, I have been actuated by several considerations—not one of which, I trust, is egotistical or mercenary—in and for the best interests of the profession with which during the last tricennium I have been connected as a country doctor. The immortal Burns had a wish in early life "to write a book or sing a song for poor old Scotia's sake," and I present these compilations as a labor of love and as evidence of my devotion to the medical profession.

As stated in the dedication to my patron, I claim no distinct originality in the production of this work; yet, it is not entirely the labor of others, as I claim the authorship of twenty or more articles, which with the others have appeared in medical and other journals.

In these excerpts (analecta, agenda et corrigenda) I have selected those that are (with few exceptions) entirely ethical and otherwise essential to our success as medical men.

And as they are the views of many of our best men, I claim such will prove of greater value to the reader than if they were remodelled by me or appeared in any other form.

As far as practicable I have endeavored to secure the consent of many authors in publishing extracts from their writings, and such consent has been freely given, among whom appear the honored names of Drs. F. Buller, W. H. Drummond (author of "The Habitant," &c.), Willis P. King (Ex-Pres. Am. Med. Association, author of "Stories of a Country Doctor"), and many others; to those unasked, whose contributions are copied, I extend many thanks, and I feel assured of their fraternal and best wishes.

This, my first, and no doubt my last work, I dedicate not only to my patron but to the venerable names of Hodder, Bovell, Aikins, Wright, Ogden, Richardson and Croft, my Masters, when a student in the Medical Faculty of Toronto University; to Rolph, Fulton, Sangster, Canniff, Barrick, Berryman and King, my Masters at Victoria University. Not only to these, but to the disciples of Æsculapius wherever located, and with much grief, to the memory of my *only son* whom I had dedicated to our profession.

As perfection is not an attribute of man or of his performances, I do not expect that my work will be pronounced faultless.

—Vitavi denique culpam;
Non laudem merui.—*Horace.* De Arte Poetica - 267.

With the Bachelor Sampson Carrasco (Don Quixote, Part II., ch. 3), I hope "the critics will be merciful; I hope, too, they will not dwell upon the motes of the bright sun of the work they censure. Though 'aliquando bonus dormitat Homerus,' they ought to consider how wide he was awake to give his work as much light and leave as little shade as possible. Perhaps those very parts which some men 'do not fancy, are like moles, which sometimes add to the beauty of the face that has them.'

Poetica 359.

'Cuncta recantabo maledicta, priora rependam
Laudibus, et vestrum nomen in astra feram.'"

J. S. S.,
Editor.

PUBLISHER'S PREFACE.

When this publication was first mentioned to our friends, we received the most flattering encouragement from physicians in both city and country. In fact, no other work has appeared for the use of medical practitioners that contains such valuable knowledge or precepts. It demonstrates that "Medical Ethics and Cognate Subjects" has been published at an opportune period. No other work, so far as we know, has been so widely encouraged by the best medical men. The response to the announcement of our publication was decidedly encouraging, and the subscription has reached the limit for this edition; the demand has been such that time has prevented us from producing as embellishments, sketches by the author, which were to be added as photogravures, illustrating characteristic subjects in the text.

The testimonials of Sir Gilbert Parker, D.C.L., M.P., Drs. Geikie, Buller and Burgess, personal friends of the author, and of Dr. W. Britton, Toronto, confirm our statements, and we feel assured that the author has won an honorable name and done noble service to his profession by this classical publication.

Every physician by reading this book will be better prepared to maintain his professional standing, and do better service to the commonwealth, because his position is herein clearly defined. The physician's honor is cleverly exalted.

The author has happily combined amusement with instruction.

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THE OATH OF HIPPOCRATES.

460–357 B.C.
in Cos. - in Larissa, Thessaly.

ΟΡΚΟΣ.

Ὄμνυμι Ἀπόλλωνα ἰατρὸν, καὶ Ἀσκληπιὸν καὶ Ὑγίειαν, καὶ Πανάκειαν, καὶ θεοὺς πάντας τε καὶ πάσας, ἵστορας ποιεύμενος, ἐπιτελέα ποιήσειν κατα δύναμιν καὶ κρίσιν ἐμὴν ὅρκον τόνδε καὶ ξυγγραφὴν τήνδε· ἡγήσασθαι μὲν τὸν διδάξαντά με τὴν τέχνην ταύτην ἴσα γενέτῃσιν ἐμοίσι, καὶ βιου κοινώσασθαι, καὶ χρεῶν χρηίζοντι μετάδοσιν ποιήσασθαι, καὶ γένος τὸ ἐξ ωὐτέου ἀ δελφοίς ἴσον ἐπικρινέειν ἄῤῥεσί, καὶ διδάξειν τὴν τέχνην ταύτην, ἢν χρηίζωσι μανθάνειν, ἄνευ μισθοῦ καὶ ξυγγραφῆς, παραγγελίης τε καὶ ἀκροήσιος καὶ τῆς λοιπης ἁπάσης μαθήσιος μετάδοσίν ποιησασθαι τοῖσι τε ἐμοῖσι. καὶ τοῖσι τοῦ ἐμὲ διδάξαντος, καὶ μαθηταῖσι συγγεγραμμένοισι τε καὶ ὡρκισμένοις νομῷ ἰητρικῳ, ἄλλῳ δὲ οὐδενί. Διαιτήμασί τε χρήσομαι ἐπ' ὠφελείῃ καμνόντων κατὰ δύναμιν καὶ κρίσιν ἐμὴν, ἐπὶ δηλήσει δὲ καὶ ἀδικίῃ εἴρξειν. Οὐ δώσω δὲ οὐδὲ φάρμακον οὐδενὶ αἰτηθεὶς θανάσιμον, οὐδὲ ὑφηγήσομαι ξυμβουλίην τοιηνδε. ὁμοίως δὲ οὐδὲ γυναικὶ πεσσὸν φθόριον δώσω.

Ἁγνῶς δὲ καὶ ὁσίως διατηρήσω βίον τὸν ἐμὸν καὶ τέχνην τὴν ἐμὴν. Οὐ τεμέω δὲ οὐδὲ μὴν λιθιῶντας, ἐκχωρήσω δὲ ἐργάτῃσιν ἀνδράσι πρήξιος τῆσδε. Ἐς οἰκίας δὲ ὁκόσας ἄν ἐσίω, ἐσελεύσομαι ἐπ' ὠφελείῃ καμνόντων, ἐκτὸς ἐὼν πάσες ἀδικίης ἑκουσίης καὶ φθορίης, τῆς τε ἄλλης καὶ ἀφροδισίων ἔργων ἐπι τε γυναικείων σωμάτων καὶ ἀνδρῴων, ἐλευθέρων τε καὶ δούλων. Ἃ δ' ἂν ἐν θεραπείῃ ἢ ἴδω, ἢ ἀκούσω, ἢ καὶ ἄνευ θεραπηίης κατὰ βίου ἀνθρώπων, ἃ μὴ χρή ποτε ἐκλαλέεσθαι ἔξω, σιγήσομαι, ἄῤῥητα ἡγεύμενος εἶναι τὰ τοιαῦτα. Ὅρκον μεν οὖν μοι τόνδε ἐπιτελέα ποιέοντι, καὶ μὴ ξυγχέοντι, εἴη ἐπαύρασθαι καὶ βίου καὶ τέχνης δοξαζομένῳ παρὰ πασιν ἀνθρώποις ἐς τὸν αἰεὶ χρόνον· παραβαίνοντι δὲ καὶ ἐπιορκοῦντι, τἀναντία τουτέων.

The Hippocratic Oath.

I swear by Apollo, Physician, by Æsculapius, by Hygeia and Panacea, by all the gods and goddesses, calling them to witness that I will fulfill, according to my powers and capacity, the following oath and promise: I will hold my master of medicine in the same rank as the authors of my being, I will share with him my fortune, and, the occasion permitting, I will provide for his wants; I will consider his children as my brothers, and, if they wish to learn the medical art, I will teach them without salary or price. I will share my precepts, oral lessons and any knowledge, with my sons, with those of my master and with pupils bound by a promise and an oath in accordance with medical law, and with no other person. I will direct the regime of the sick for their good, according to my power and judgment, and I will abstain from all wrong and all injustice. I will give no person any poison, though he ask for it, nor will I take the initiative in such a suggestion; in like manner, I will use upon no woman any instrument for procuring abortion. I will pass my life and exercise my art in innocence and purity. I will not practice the operation of taking stone from the bladder, but will leave that for special practitioners. Into whatever house I enter, I will go for the cure of the sick, refraining from every voluntary corrupt act and especially from the seduction of women and boys; free or slave. Whatever I see or hear in social life during the practice, or even out of the practice, of my profession, I will keep to myself that which need not be divulged, regarding discretion as a duty in every such case. If I keep this oath without breaking it, may it be given me to enjoy happily my life and my profession, always honored among men; if I violate it and perjure myself, may the contrary be my fate!

Cf. Note. Midpage 201. And page 17 (Bravick)

American "Principles of Medical Ethics". Vide B.M.J. 15 VIII 1903 p. 369 et seq.

CODE OF

MEDICAL ETHICS

Vide Note. Midpage 201. AMA. 1847.

OF THE

DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

"Sapientiæ cognitionem medicinæ sororem et contubernalem esse puto."

Comrade or Companion

—*Hippocrates.*

ARTICLE I.—DUTIES OF PHYSICIANS TO THEIR PATIENTS.

Section 1.—A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. These obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

ATTENTION, HUMANITY AND SECRECY.

Sec. 2.—Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy,

when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard and fidelity and honor. The obligation of secrecy extends beyond the period of professional services; none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

FREQUENCY OF VISITS.

Sec. 3.—Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

Sec. 4.—A physician should not be forward to make gloomy prognostications, because they savor of empiricism by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail on proper occasions to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of the physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

"The too fatal prognosis of despair."

Sec. 5.—A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality that moral duty which is independent of, and superior to, all pecuniary considerations.

CONSULTATIONS.

Sec. 6.—Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy and more enlarged views in practice.

Sec. 7.—The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ARTICLE II.—OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

Section 1.—The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

QUALIFIED PHYSICIAN TO BE CHOSEN.

Sec. 2.—The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

CONSTANCY TO PHYSICIAN.

Sec. 3.—Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits and predispositions of those he attends is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

HONESTY IN STATEMENTS.

Sec. 4.—Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by administering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

Sec. 5.—A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

OBEDIENCE TO MEDICAL DIRECTIONS REQUIRED.

Sec. 6.—The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

VISITS OF NON-ATTENDING PHYSICIAN TO BE AVOIDED.

Sec. 7.—A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him without the express consent of his own medical attendant. A patient should never send for a consulting physician. It is of great importance that physicians should act in concert, for although their modes of treatment may be attended with equal success when applied singly, yet conjointly they are very likely to be productive of disastrous results.

DISMISSAL OF PHYSICIAN.

Sec. 8.—When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

Sec. 9.—Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for by being early aware of the visits he has to pay during the day, the physician is able to apportion his time

in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

VALUE OF SERVICE.

Sec. 10.—A patient should, after his recovery, entertain a just and endearing sense of the value of the services rendered him by his physician; for these are of such a character that no mere pecuniary acknowledgment can repay or cancel them.

ARTICLE I.—DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER.

Section 1.—Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition he finds it.

Sec. 2.—It is not in accord with the interests of the public or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine.

PURITY OF CHARACTER.

Sec. 3.—There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required, than the medical; and to attain such eminence is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he can not command their respect and confidence,

and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent on the faculty to be temperate in all things, for the practice of physics requires the unremitting exercise of a clear and vigorous understanding; and in emergencies, for which no professional man should be unprepared, a steady hand, an acute eye and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

ADVERTISING METHODS TO BE AVOIDED.

Sec. 4.—It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

PATENTS AND SECRET NOSTRUMS.

Sec. 5.—Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine, or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ARTICLE II.—PROFESSIONAL SERVICES TO EACH OTHER.

Section 1.—All practitioners of medicine, their wives, and their children while under paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he

experiences at the sickness of a wife, a child, or any one who, by ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment and produce timidity and irresolution in his practice. Under such circumstances medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But if a distant member of the faculty, whose circumstances are affluent, requests attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ARTICLE III.—OF THE DUTIES OF PHYSICIANS AS RESPECTS VICARIOUS OFFICES.

Section 1.—The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period all the pecuniary obligations for such services should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ARTICLE IV.—OF THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

Section 1.—A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of

an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by the Association, and who is of good moral and professional standing in the place where he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and the aids actually furnished by anatomy, physiology, pathology and organic chemistry.

Sec. 2.—In consultations, no rivalship or jealousy should be indulged; candor, probity and all due respect should be exercised toward the physician having charge of the case.

Sec. 3.—In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinion which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

Sec. 4.—In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for

in an emergency, when the regular attendant is out of the way, and similar explanation must be made by him at the next consultation.

Sec. 5.—The utmost punctuality should be observed in the visits of physicians when they are to hold consultations together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

Sec. 6.—In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

Sec. 7.—All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

CONFLICTS OF OPINION.

Sec. 8.—Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers are equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen that two physicians can not agree in their views of the nature of a case and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mu-

tual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

CONSULTATIONS.

Sec. 9.—As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion of both time and attention, at least a double honorarium may be reasonably expected.

Sec. 10.—A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ARTICLE V.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

Section 1.—Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications; not on intrigue or artifice.

Sec. 2.—A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature

and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

Sec. 3.—The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

Sec. 4.—A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

Sec. 5.—When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

Sec. 6.—It often happens in case of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

Sec. 7.—When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of

the latter, he ought on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

(The expression "patient of another practitioner," is understood to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness or departure from home of the latter, or who may have called for his attendance during his absence or sickness or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.)

EMERGENCY ADVICE.

Sec. 8.—A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give *advice adapted to present circumstances*; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

Sec. 9.—A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

Sec. 10.—When a physician who has been engaged to attend a case of midwifery is absent, another is sent for; if delivery is accomplished during the attendance of the latter, he is entitled to fee, but should resign the patient to the practitioner first engaged.

ARTICLE VI.—OF DIFFERENCES BETWEEN PHYSICIANS.

"COURTS-MEDICAL."

Section 1. —Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical.*

Sec. 2.—As peculiar reserve must be maintained by physicians toward the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ARTICLE VII.—OF PECUNIARY ACNOWLEDGMENT.

FEE BILLS.

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit. v. note p. 26.

ARTICLE I.—DUTIES OF THE PROFESSION TO THE PUBLIC.

DUTIES TO THE PUBLIC.

Section 1.—As good citizens, it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene and legal medicine. It is their province to enlighten the public in regard to quarantine regulations; the location, arrangement and dietaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to medical police of towns, as drainage, ventilation, etc.; and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

Sec. 2.—Medical men should also be always ready when called on by the legally constituted authorities, to enlighten

coroners' inquests and courts of justice on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required and the responsibility and risk they incur, that the public should award them a proper honorarium.

GRATUITOUS SERVICE.

Sec. 3.—There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

LAY QUACKERY, ETC.

Sec. 4.—It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ARTICLE II.—OBLIGATIONS OF THE PUBLIC TO PHYSICIANS.

APPRECIATION OF PHYSICIANS.

Section 1.—The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficiaries of the profession, are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumption of ignorance and empiricism; to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

EXPLANATORY DECLARATIONS.

WHEREAS, persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some in the ranks of the profession, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines; therefore,

1. *Resolved*, That clause first, of Art. IV. in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of differences in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause of the said Code of Ethics that interferes with the exercise of the most perfect liberty of individual opinion and practice.

2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper, to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

3. *Resolved*, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations can not be correctly in-

terpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing or immediate need of them. On the contrary, to meet the emergencies occasioned by disease or accident, and to give a helping hand to the distressed without unnecessary delay, is a duty fully enjoined on every member of the profession, both by the letter and the spirit of the entire Code.

But no such emergencies or circumstances can make it necessary or proper to enter into formal professional consultations with those who have voluntarily disconnected themselves from the regular medical profession, in the manner indicated by the preceding resolution.

N. S. Davis, of Chicago.
A. Y. P. Garnett, of Washington.
H. F. Campbell, of Augusta, Ga.
Austin Flint, of New York.
J. B. Murdock, of Pittsburg.

On motion of Dr. Brodie the resolutions were unanimously adopted.

On motion of Dr. Keller, it was unanimously agreed that the resolutions be added as an explanatory addendum in all future publications of the Code.

Note.—The "explanatory declarations" are copied from the "Code" issued by the American Medical Association Press, Chicago.

HIPPOCRATIC OATH.

follows the Index, front of Book.

A. M. Trawick, M.D., Nashville, Tennessee.

Ex-President of the Nashville Academy of Medicine, member Tennessee Medical Society, member American Medical Association, in an address, April 11, 1899, before the Tennessee State Medical Society, gives a sketch of life of Hippocrates, the Oath, and conclusions.

(Text of biographical sketch and the Oath are left out of address in this article.)

After practising medicine for more than a score of years, and studying men almost as much as medicine, and noting the motives that prompt the actions of men in connection with the practice of medicine, and in studying this in connection with the Hippocratic Oath, I am able to reach some conclusions:

1. Hippocrates, in the opening sentence of the oath, recognized the divine source of the power to heal.

2. The sacredness of the oath, which involves the idea of a professional obligation, is indicated by his appealing to the gods by name as witnesses to his supreme purpose to hold aloft the highest standard.

3. We also are made to realize his recognition of the high position occupied by the medical preceptor, and the reverence due him as one who conveys the knowledge of the high art.

4. Hippocrates emphasized the obligation to transmit a knowledge of medicine and the power to heal to those who are qualified both by ability and principle to use such knowledge rightly.

5. He brings out the sacredness of life, and the obligation of a physician to save and preserve it by proper treatment.

6. This physician of ancient times showed his deep conviction of moral obligations to restrain and keep under control the power conferred upon him and his profession, which might be used to the injury of others.

7. The highest ideal of both *personal* and *professional* life is held up to view.

8. When called in counsel by a brother physician, I should treat him as my host.

9. When I call a brother physician in counsel I should treat him as my guest.

10. There is a clear recognition of the limitations of the departments of medical and surgical professions respectively, and an expression of an honest purpose to *keep within those limits*. In this we find the primal elements of an ethical system which has come down to us through the centuries.

11. Hippocrates not only realized, but urged, the sacredness of the physician's trust, and his duty to preserve inviolate the purity and sanctity of the patient's home.

12. The sacredness of professional secrets is incorporated in this oath, especially those secrets the divulging of which would be injurious to the honor and reputation of the patient.

13. The reward which comes from right living, and the inevitable consequences of wrongdoing, are set forth, together with the privilege of enjoying the one or a willingness to abide by the results growing out of a life spent in the service of others.

14. That if these obligations were binding upon a man living in an unenlightened age, they press with the greater responsibility upon us, and are the more binding upon those in the practice of a great profession which has become illuminated and exalted by the Christian ideals of the nineteenth century.

15. We should, therefore, thoroughly study the word selfishness, and should abstain from every appearance of such a hideous characteristic. And in close connection with selfishness, but far more damning to the best qualities of the physician's life, stands that most to be dreaded of all evils—jealousy. The jealous man of all others carries the marks plainly to be read and known of all men, that he is the smallest man in the entire community, and is more to be pitied than feared.

16. To sum it all up in a few words: "We must remember that the physician comes in the closest and most sacred relations of life. He sees men and women in their hours of weakness; sees them when judgment and will are overthrown by disease; sees them when the intellect is so shattered and enfeebled by disease that its mastery is lost, and ignoble passions rule unchecked and unrestrained, and there is, therefore, an imperious necessity that he should be a man of sterling integrity and stainless purity—chaste as the untrodden and unsunned snow."

TO A YOUNG PHYSICIAN.

The paths of pain are thine; go forth
  With healing and with hope;
The suffering of a sin-sick earth
  Shall give thee ample scope.

Smite down the dragons fell and strong,
  Whose breath is fever fire;
No knight of table or of song
  Encountered foes more dire.

The holiest task by heaven decreed,
  An errand all divine,
The burden of our mortal need
  To render less is thine.

No crusade thine for cross or grave,
But for the living man;
Go forth to succor and to save
All that thy skilled hands can.

Before the unveiled mysteries
Of life and death go stand,
With guarded lips and reverent eyes
And pure of heart and hand.

So shalt thou be with power endued
For Him who went about
The Syrian hill paths, doing good
And casting devils out.

The Holy Helper liveth yet,
Thy friend and guide to be;
The Healer by Gennesaret
Shall walk the rounds with thee!

—*John Greenleaf Whittier.*

EULOGY:

By Robt. Louis Stevenson.

This is considered as one of the finest tributes ever given to the medical profession; it is found in the dedication of his book, "Underwoods," published in 1887.

"There are men and classes of men who stand above the common herd: the soldier, the sailor and the shepherd not infrequently; the artist rarely, rarelier still the clergyman, the physician almost as a rule; he is the flower (such as it is) of our civilization; and when the stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sick-room, and often enough, though not as often as he wishes, brings healing."

A GRATEFUL NEWSBOY

The saying of a French author, "He who receives a good turn should never forget it, he who does one should never remember it," was illustrated recently by a newsboy and a physician. The New York Herald tells the story;

A physician who recently moved up-town took an evening paper from a small newsboy and dived into his pocket for the change.

"That's all right, doctor," remarked the little fellow. "I won't take no money. Don't you remember Jimmie, you cured last winter with the fever?"

Then the physician recognized in the tall and sturdy boy a little lad whom he had pulled through a fever without any payment.

"But that's all right, Jimmie," he said, "and you must certainly let me pay for the paper."

"No," said the boy. "I won't Where are you living up here, doctor?? I want to come and see you."

He hasn't turned up yet to see the doctor. but every morning and evening he slips a paper under the door, and to have a proper understanding in the beginning, with the first paper he scribbled a little notice:

"Please, doctor, accept these papers allus, from Jimmie."

Boerhaave's last patient

THE DOCTOR, A GENTLEMAN.

(ETHICS.)

In speaking of a physician as a gentleman, I do not mean simply a finely-dressed man, nor go so far as to claim he should be a Chesterfield in manners, nor a Beau Brummel in dress, nor even a fantastical Alcibiades, with his canine follower, but in every respect a gentleman in the true acceptation of that term. Of course, the term has various significations, according to the country you may be in or speaking of. In this country it means a man of good manners, pleasant address, social disposition, and an honest man. But a physician should possess more than these qualities; he should be a man of kind, sympathetic feelings, and liberal in character. We might cite as a fair sample a man of our own guild, the celebrated and venerable Autocrat of the Breakfast Table, Dr. Oliver Wendell Holmes.

In England the term gentleman has a different signification from what it has with us. In that country it means a member of the aristocracy, with but little regard to his personal qualities.

A physician, however, should occupy a high plane in the community in which he lives, and so conduct himself as to be worthy not only of the confidence of his patrons as a physician, but also as an example for his neighbors to imitate. He should, if possible, be well informed on most ordinary subjects, especially such as his friends are interested in, and thereby be able to render advice and instruction when called on.

As a rule, the family doctor is looked up to as a man who should know something of almost everything, and is frequently asked for information on various subjects. In a few words, the doctor should not be a fool on any subject.

But the principal reason inducing me to write this paper is to say a few words in regard to the social and professional status existing among many members of the profession. Unfortunately for good fellowship among our fraternity, there exist unkind feelings, engendered no doubt, in many instances, from slight causes, and again, in other instances, without any cause at all, if the matter was properly investigated. Sometimes this bad feeling is brought about through the love of gossip or tattling by enemies on one side and pretended friends on the other, which has not the least foundation in fact. But, unfortunately, in other instances there

exist true grounds for unkind feelings between medical men. And right here we find lacking those characteristics which go to make up the true gentleman.

It should be understood by every man entering the medical profession that it is not one of competition in trade, where tricks and misrepresentations can be practised with impunity, but he must regard it as a noble calling, wherein a member is to be governed by an honorable code of ethics, which should never be violated. In fact, I have always thought the Code of Ethics governing medical men, as it pertains both to the etiquette which should exist between themselves as well as the relations they sustain to the public, should be especially impressed upon the minds of the students, and believe, were this the case, many practitioners would avoid doing many things which are unpleasant to each other, and thereby preserve that friendly and social relation which should exist among all medical men.

On account of unfriendly feelings existing among neighboring physicians, especially in the country, many times consultation is refused, when the sick man is compelled to send some distance for a friendly compeer to meet his family doctor, thereby involving greater expense.

How often do we find it the case that in small towns where two or more physicians are located, they are hardly on speaking terms. This fact soon becomes known to the public, and partisans of each physician will soon spring up, taking sides with their favorite doctor. These factions may soon engender strife and bad feelings among themselves, and intensify that already existing among the doctors.

This condition of things is unfortunate for any community, and it should always be avoided. One may ask, What connection can there be between a condition of affairs as described and gentlemanly deportment? It requires many traits of character to constitute a gentleman, one of which is suavity in manners. Do nothing to offend your neighbor in word or action, and a state of friendship will likely be maintained. Believe nothing you hear that your neighbor has said or done respecting you until you have satisfactory proof of its truth. Many friends have been made enemies through gossipy innuendo, without any foundation in fact. If a medical brother should, in his relations to other practitioners, violate the Code of Ethics, he should be reprimanded in a gentle manner, and if he is a good man he will not repeat the offence.

There are some things connected with the Code of Ethics that should regulate etiquette between medical men that might be regarded by young practitioners as so trivial in character as to be violated with impunity. They may think it no harm to solicit patronage, even in families who employ another physician; or they may regard it a harmless matter to advertise themselves as superior to their neighbors; or to give it out that they have a great deal to do even when there is but little sickness. Some go so far as to employ partisans to sound their praises as skillful physicians whenever opportunity offers.

These matters look like small things among the people, but are very repugnant to the feelings of a sensitive physician, and are regarded by him as tricky in character and unbecoming a true gentleman. No doubt many young men in the profession, in the outset, are so anxious to succeed in practice that they regard these offences against the Code in the light of small matters, and if properly tutored could be reclaimed from such violations.

But, unfortunately, we now and then meet with a man who is entirely devoid of any compunction of conscience as it respects the violations of the Code. A few of this class I have had the misfortune to meet during my protracted practice, but am glad to say they have never been but few in number.

I believe, however, that many members of the profession are unfriendly with each other on very trivial grounds, and that if proper interviews were held amicable relations could be restored. There is nothing more unpleasant to my ears than to hear my medical brethren talk disparagingly of each other, especially so when I regard the parties involved as my particular friends. It has been a rule with me since I became a member of the profession, now nearly a half century ago, not to speak slightingly of any brother member. If I cannot say a good word for him I keep silent; but, as a rule, there are but few doctors we can not say a good word for in some particular; and it always does me good when I can frankly speak in praise of my medical brother.

I think if we all could take this view of the matter, and practice it, that there would be much less unkind feeling existing among medical men. In a few words, let us all endeavor to be gentlemen in all the various significations of the term.

DOCTOR AND PATIENT.

When I consider what the education of a doctor entails, what endless study and investigation, what patient labor; when I reflect upon the continual risks that he must take, the continued self-control that he must have, balanced by continual compassion; when I remember how he is ever contending in a face-to-face and hand-to-hand encounter with disease and death; I think that he should be an industrious and thoughtful, a brave and noble gentleman. To the invalid he is more. He is the master-mechanic of what may be a troublesome machine. He is the autocrat of the table and of the lodging, of raiment and exercise. His advent is the advent of the day. His utterances are oracular, his nod Olympian. His learning is boundless, his wit irresistible, his goodness not to be disputed. He takes the responsibility of lifting the burden off of shoulders which tremble beneath it, assumes the battle with pain, and fights the sick man's duel for him. He condones the cowardice of shrinking nerves and puts them to sleep. He encourages, stimulates and bolsters the sufferer into shape again. There is no relationship on earth like this between doctor and patient. He owns me, owns at least this arm he set when I was a boy, and these lungs whose every wheeze and sputter he recognizes as I do the voice of a familiar acquaintance. The mother who bore me has not so intimate a knowledge of my peculiarities, my penchants and antipathies; no friend, however faithful, is so tolerant of my faults or has such an easy way of curing them. He reconciles me to myself by a quieting powder, and starts me fair with the world once more.

A CONSULTATION.

An only child, within whose tender life
Centre the fondest hopes of husband, wife
And many friends, seems on the verge of death;
Convulsed with pain; with fitful, rapid breath,
Clenched hands, eyes sunken, nostrils stretching wide,
He scarce can count the pulse's hasty stride—
He looks at his thermometer amazed,
Its column to a frightful figure raised;
Ah, you and I have felt this anxious fear,
And wished some able counsellor were near
To aid in such extremity, or bear
Of such responsibility a share.

No time to lose, he summons to his aid
His nearest rival; time is quickly made,
And Jehu-like, with foaming steed he drives,
And at the moment specified arrives.
In manner brusque, pompous in air and style,
He greets his brother with the blandest smile,
With new-found friends shakes hands with relish keen;
Happy to see them, happier to be seen.
His conversation he directs to these,
With studied effort to attract and please;
Tells of an anxious case he had last night,
Which by his skill is coming out all right;
Details his treatment in a learned way,
Bold and heroic as we sometimes say;
Consults his watch, and softly names the time
When he must see a case with Dr. Prime,
A city lady, wealthy and refined,
Attractive both in person and in mind.
His fine impressions made, he condescends
To interview the doctor and the friends;
And, ere he sees the case, states his belief
That he can soon suggest a prompt relief.
He quickly scans the case, and feigns to see
At once the lesion and remedy;
Tells of a dozen cases he has had
Within a year with symptoms quite as bad.
And thus the farce of consultation ends;
What further he discloses to the friends
We ne'er shall know; but somehow it transpires,
He gets the case—his brother soon retires.

———

Dr. Wm. Waugh, of Chicago, in reply to the question: "Shall Our Sons Study Medicine?"

[*Medical World.*]

"Shall Our Sons Study Medicine?" sets one to thinking. Does the average American doctor really take in $1,000 a year from his practice? I doubt it. But grant that he does. This represents an income of just $2.73 per diem. I am paying my plumbers and furnace men $6.00 for a day of eight hours, and other mechanics 50 and 40 cents an hour; and for unskilled labor $2.00 a day. The doctor must spend four year at medical college, costing him in money about $2,000,

besides his time; and this must be preceded by an education over and above what the mechanic must have; so that we may safely put the cost of the doctor's preparation anywhere between $5,000 and $10,000. And yet he does not get the income of the carpenter; probably not more than an unskilled laborer if the truth were known. And what doctor would not jump at the chance to limit his day's work to four hours in the forenoon, and the same in the afternoon; never driven beyond his easy capacity; his evenings, meals and night's rest undisturbed; no expenses for residence, clothes, etc., necessitated to keep up position; and wages ready at the end of each week, with no drafts on them for drugs, livery, books, etc.?

Every occupation in life has its drawbacks and hardships; everyone has an opportunity to grumble a little over his lot; but whatever the attractions that the doctor's life may possess, it should be clearly understood that as a means of money-making it does not equal any good mechanical trade.

I would not advise my son to enter the medical profession, but to take up whatever trade he prefers. Tell me you, Doctor, if when you began the studies that fitted you to be a physician, you had learned carpentering, had saved till you could buy some land, the cheapest to which a five-cent fare would take you, built a home and lived in it till your acre had to be cut up in lots at ten to twenty times the cost to you, and your profits reinvested in this simple manner—would you not be a richer man to-day?

* 'Three faces wears the doctor; when first sought,
An angel's—and a God's, the cure half wrought;
But, when that cure complete he seeks his fee,
Satan vile looks then less terrible than he."

NOTE.—The trouble is, we are not wise enough to establish and adhere to medical tariffs.

"From the vantage ground of more than forty years in practice," said Sir Andrew Clarke to Dr. Osler, "I have striven for bread in my first ten years, for bread and butter during the next ten years, and for cake and ale during the last twenty years."

In America the most successful period is that of the first ten years. The bread period, in many instances, is found in a later period in practice, and hence the necessity for the young doctor to establish himself in a good locality and do his best work and collect well—and not to make the mistake of building too fine a residence in the first ten years in practice. Unfortunately such is done too frequently, and of such mistakes we have seen many illustrations—very few M.D.'s continue in practice more than fifteen or twenty years, unless aided by other means.

tory conditions of the lung in general, and of pneumonia in particular, increased very much after this epidemic. A greater number of physicians realized then, as they do today, that *every effort should be put forth to control coughing in respiratory affections.*"

At this time of the year, the frequency curve of respiratory diseases is definitely on the upward trend. Since coughing is the usual forerunner and accompaniment of such disorders, one of the chief problems of the physician is *control and treatment of the cough.*

In the management of the acute stage of respiratory affections, complicated by coughing, teaspoonful doses of ANGIER'S EMULSION every one or two hours and swallowed slowly, will be found most helpful in allaying spasms of coughing, shortening the course of the cough, and aiding expectoration.

In addition to the sedative, antiphlogistic and decongestive effects of ANGIER'S EMULSION upon the mucous membrane, it aids Nature, because of its phosphorus and calcium content, in restoring and rebuilding body tissues and in maintaining systemic resistance at a high degree.

Through its heavy emulsified mineral oil content, ANGIER'S EMULSION overcomes intestinal stasis and prevents the absorption of toxic material generated by intestinal putrefaction—most important desiderata in the treatment of respiratory affections.

Clinical records over a period of nearly half a century confirm the efficacy of ANGIER'S EMULSION in the therapy of all types of coughs. It is palatable, harmless and free from narcotics or other depressant drugs. It may, therefore, be given freely to patients of *all ages.*

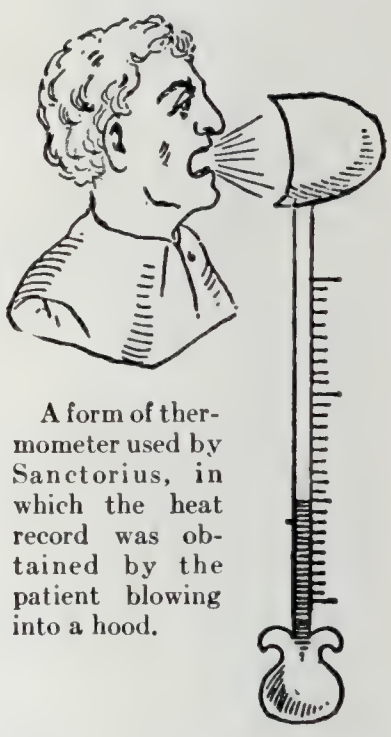
Body Heat in Medicine and the Development of the Clinical Thermometer

Body heat in disease has been a medical problem since the earliest times. Even the crude medical practice of the ancients recognized temperature increase in fevers. Hippocrates has left records of his investigations in external body heat, and Galen considered temperature so important an aspect of disease that he believed increase of body heat constituted the basis of all fevers.

But even the approximately accurate determination of animal temperature was not possible until the invention, toward the close of the sixteenth century, of the thermometer. The word itself first occurs in Leurechon's *Récréation Mathématicque* (1624). The discovery of the instrument is attributed to a number of individuals, of whom three are generally favored: van Drebbel, Sanctorius, and Galileo.

Cornelius van Drebbel, son of a Dutch peasant, is credited with having invented an instrument responding to atmospheric temperature, but the records of it are few and vague.

Sanctorius (1561–1636), a Venetian by birth, but professor of medicine at the University of Padua, whether or not he invented the thermometer, must nevertheless be credited with having been the first physician to apply thermometry to the human body. He recognized the existence of a normal human temperature and used variations from this as an aid in the diagnosis and prognosis of diseases.

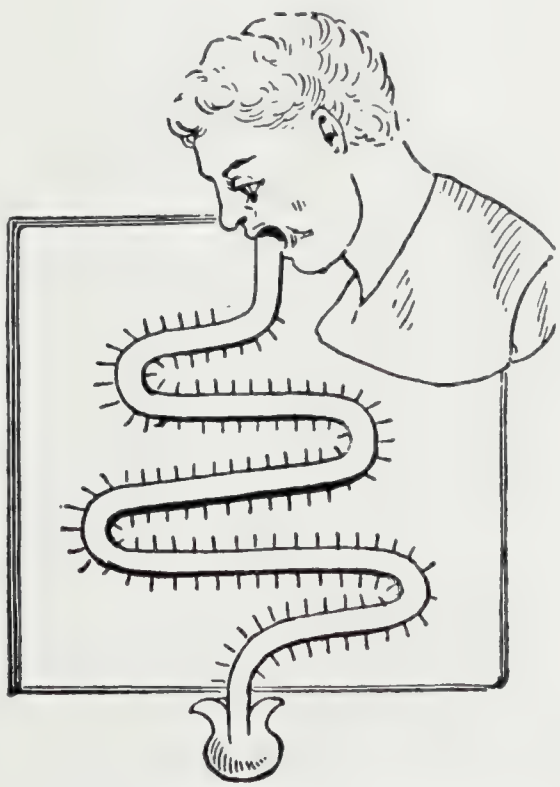


A form of thermometer used by Sanctorius, in which the heat record was obtained by the patient blowing into a hood.

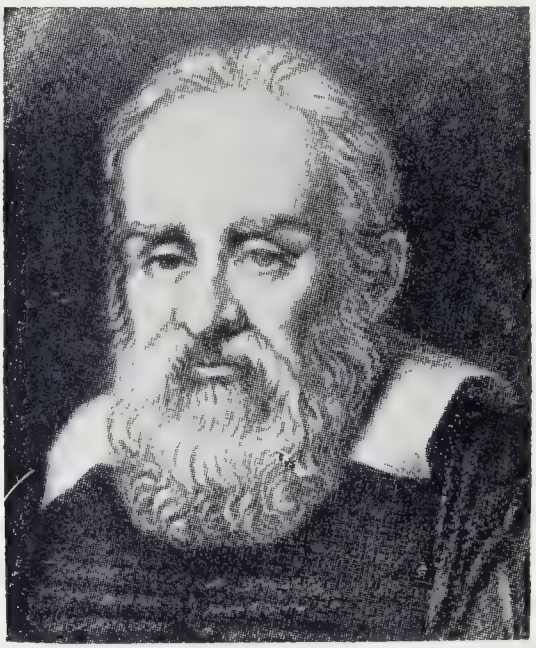
Another early thermometer of Sanctorius. The patient's hand grasped the bulb, causing liquid to rise in the tube.

Most authorities agree in crediting the astronomer, Galileo (1564–1642), of Pisa, Italy, with the invention of the thermometer. His early instrument was really a thermoscope and barometer combined. It consisted of glass bulb on a tube. The open end of the tube, being placed in a vessel of wine or water, and the bulb warmed, caused the liquid to rise in the tube as the bulb cooled. Warmth applied again to the bulb caused a corresponding descent of the liquid. Although this instrument was quite sensitive to variations of temperature, it was unsatisfactory be-

Sanctorius wrote (Commentaries on the First Section of the First Book of Avicenna): "I have applied it (the thermometer) to the determination of the warm and cold temperature of the air and all parts of the body, as well as for testing the heat of persons in fever . . . so that we can tell if the patient be better or worse, so as not to be led astray in *cognitione, praedictione, et curatione.*" Sanctorius was the first to teach using the mouth to obtain records of body heat. He made great improvements in the thermometers then in use.



The Mouth Thermometer of Sanctorius



GALILEO, THE ASTRONOMER OF PISA, USUALLY CREDITED WITH HAVING BEEN THE INVENTOR OF THE THERMOMETER

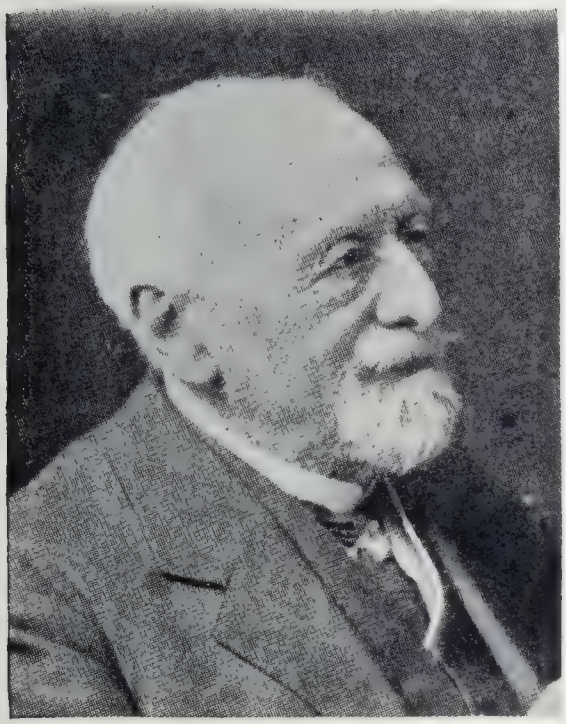
cause of its fluctuations according to atmospheric pressure.

After a period of disuse, thermometry was introduced into medical practice again by the Dutch physician, Boerhaave (1668–1738), who taught the use of the thermometer in his clinical classes.

But it is to Haen, a prolific writer and professor of clinical medicine at the General Hospital of Vienna, that we must attribute the introduction of clinical thermometry into pathology. Through countless experiments upon both the healthy and the sick, he discovered and recorded many important data as to body heat in medicine. Among these facts were the prevalence of low temperatures in the morning, exacerbation toward evening in fever cases, elevation of temperature in algid fever, the lack of relationship between pulse acceleration and temperature in certain diseases, and the frequent contrast between the sensation of subjective heat and objective temperature elevation.

Again the use of thermometry as a clinical aid lapsed, until in 1840–1850 came a renaissance with Traube, Bärensprung and especially Wunderlich, professor of medicine at Leipzig University.

THERMOMETER OF GALILEO



THE RIGHT HON. SIR CLIFFORD ALLBUTT, K.C.B., M.D., F.R.S., WHO DEVISED AND PERFECTED THE POCKET CLINICAL THERMOMETER.

These three put thermometry upon an accurate scientific basis, and introduced the use of the thermometer and temperature records as diagnostic and prognostic measures into all the larger hospitals of Germany, whence the usage spread to other European cities.

The thermometer appeared in the hospitals of Great Britain about 1866. The instruments used for clinical purposes at this time were so large, so long—about ten inches—and so clumsy that the doctors carried them about under their arms as if they were guns. It took at least five minutes to register axillary temperatures. The reduction of their size, making them convenient to use and easily portable, came with the invention of the pocket thermometer by Sir Clifford Allbutt (1836–1925), well known English physician and surgeon.

Among many other names connected with the history of clinical thermometry and thermometers is that of René A. F. de Réaumur (1683–1757), who rejected mercury because of its small coefficient of expansion and used dilute alcohol in the construction of an 80 degree scale instrument. Celsius, the Swedish savant, is credited with having devised in 1700 the 100 degree thermometer, the scale of which was reversed by his pupil, the botanist, Linnaeus, thus creating the centigrade instrument. Gabriel Daniel Fahrenheit (1686–1740) invented the 212 degree thermometer, first using alcohol and then mercury, set 96 degrees as blood heat, and was the first to take axillary temperatures. For nearly twenty years he succeeded in keeping secret, for commercial reasons, his process of manufacture of the thermometer which still bears his name.

The Three Faces of the Physician

THE appreciation of the medical man by the public has varied much in the course of the ages. In ancient paganism and even in Christianity, medicine was recognized as of divine origin. The Talmud makes the physician a messenger of the Lord, the executor of the Divine Will.

Jesus, when still unknown among men, chiefly gained their confidence and belief by curing the sick. Erasmus considered the physician as a benevolent and gracious deity and was also fully convinced of the doctor's claim to a plentiful financial remuneration for his services.

Every age, it appears, has left its impression of its appreciation of the medical man—his generosity and humanity—his cupidity and stupidity, his absent-mindedness, awkwardness and carelessness, all have been recorded in old prints, satiric poems and caricatures.

In the Museum of Art in Rothenburg, Germany, one may see an oil painting, by an unknown master, which portrays the three faces of the physician. According to the rhymed couplets, which accompany the portrait, one of the faces is that of an angel, exhibited while advising the patient. If the patient's condition improves, then the face of the physician assumes a godly aspect. But let him ask his well-earned fee and his face immediately assumes the aspect of the very devil.

The origin of these verses undoubtedly goes back to the Latin poem, of unknown date and origin:

"Tres medicus facies habet: unam quando rogatur,
Angelicam; mox est, cum juvat, ipse *deus.*
Post, ubi curato poscit sua praemia morbo
Horridus apparet terribilisque *Satanäs*

A similar conception of the three faces of the physician may be found in the second chapter of the fourth volume of Grimmelshausen's "Simplicissimus" (1668). Abraham A. S. Clara (1699), comparing the physician to an angel, says: "The most famous physician was named Galen (Galenus). If we regroup the letters of the

word we get 'angel' (Angelus) hence, every good physician and surgeon should be an angel."

This concept of the three faces of the physician undoubtedly goes back to the 15th or 16th century.

THE THREE FACES OF THE PHYSICIAN

Reproduction of an oil painting in the Museum of Art, Rothenburg, Germany, by an unknown master.

¶ Remember that glass syringes should be tested by compression rather than by drawing the plunger back and releasing it. The concussion invariably breaks the syringe.

¶ Remember that camphor forms a liquid with chloral hydrate, menthol, phenol, thymol, naphthol, salol, salicylic acid and some other substances.

¶ Remember that the soothing inflammation-allaying properties of Angier's Emulsion and its general tonic effects especially commend its use in convalescence from acute respiratory affections.

¶ Remember that the principal insoluble salts of calcium are the hydroxide, carbonate, sulphate, phosphate, tartrate and oxalate solutions of the soluble salts should not, therefore, be combined with anything likely to precipitate these salts. For example: calcium chloride and aromatic spirits of ammonia; calcium bromide and sodium sulphate; lime water and tartar emetic.

¶ Remember that chloramine-T is decomposed in the presence of many substances, and should not be mixed with any other antiseptic. It attacks metals, and should not be used to sterilize instruments.

¶ Remember that atropin controls the secretion of saliva, nasal mucus, sweat, milk and hydrochloric acid.

¶ Remember that the demulcent and sedative effect of Angier's Emulsion is especially serviceable in pharyngeal and tonsillar infections and inflammations.

¶ Remember that physostigma is a miotic, but when instilled into the eye it causes contraction of the pupil on that side and not on the other.

¶ Remember that on account of its powerful oxidizing properties, *hydrogen peroxide* should never be prescribed in combination. It is very liable to cause an explosive reaction. Care should be taken also in prescribing it along with other treatment.

¶ Remember that when you find albumin in the urine, always find out what medicines the patient is taking.

¶ Remember that Angier's Emulsion soothes bronchial irritation, favors expectoration and eases coughs of all types without disturbing digestion.

Economic Loss from Coughs and Colds

HALF the time lost in industry is caused by respiratory diseases, including "common colds", coughs, bronchitis, pneumonia.

In a group of about 6,700 Metropolitan Life Insurance Company employees, during a period of fifty-two weeks, 2,824 colds involving disability from work were reported. They occurred at a rate of 420.7 per 1,000 employees. This meant that the average number of days of disability from this cause per person on the payroll was 0.9, and the average number of days per case was 2.2. In all, 6,233 days in the year were lost from respiratory affections including colds, coughs, bronchitis and tracheitis.

A British physician, Dr. Leonard Hill, has estimated a prodigious loss of 4,000,000 pounds sterling annually among every 10,000,000 skilled employees as resulting from the common cold and related disorders.

Much more material could be cited to show that the "common cold", with its troublesome accompaniment of cough, and the other respiratory affections have become a *real national public health problem.* Cure, but most of all *prevention,* would contribute enormously to the sum total of mental and physical energy and to the number of days that the industrial population is able to give to their work.

In this much needed systematic prevention, the most important prophylactic step, as is well known, is the building up of bodily resistance and the maintenance of good physical tone. Right here the physician may well stop and consider ANGIER'S EMULSION as a thoroughly tried out and dependable protective measure for those individuals susceptible to coughs and colds.

During the winter months, when these affections are frequent and the dangers of infection are enhanced through the crowded and poorly ventilated methods of transportation in our cities, and through personal contact in business and industry, ANGIER'S EMULSION should be prescribed routinely as a prophylactic measure against these dangers.

THE ANGIER IDEA

BOSTON, MASS.

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Greetings!

At this season of good cheer, The Angier Chemical Company extend to their many friends in the Medical Profession hearty wishes for a happy Christmas, with the sincere hope that the coming year will bring their deserved share of health, happiness and prosperity.

EDITORIAL

Coughing

COUGHING is both necessary and unnecessary, Dr. Cecil Wall tells us (*Lancet*, Nov. 10, 1928). Coughing is necessary in that it aids in expelling irritating and often toxic material from the bronchial tubes. It is unnecessary when merely imitative—how often we are annoyed by the "contagious" coughing in public places!—and also when it is of nervous origin.

Although the cough is classed merely as a symptom, it has various aspects of real danger. The act of coughing unguardedly in public undoubtedly transmits pathogenic organisms to new fields, in such diseases as diphtheria, septic sore throat, whooping cough, measles, tuberculosis, influenza, and others. The cough and "common cold" are also warnings to the system as forerunners of many diseases.

"From the practical side there can be little doubt" (*Internat. Med. Digest*, Jan., 1929) "that one of the greatest lessons learned from the influenza epidemic was that a great number of patients coughed themselves to death. The ranks of those who believe that coughing is by no means a part of the therapy of inflamma-

Will the day's journey take the whole long day?
From morn to night, my friend.

INTRODUCTORY ADDRESS ON LIFE AND CHARACTER.

(Delivered at Charing Cross Hospital Medical School at the Opening of the Winter Session on Oct. 2, 1901, by John W. Taylor, M.D., M.Sc. F.R.C.S. Eng., Professor of Gynaecology, Birmingham University. From 'The Lancet,' London).

Gentlemen,—It seems but a few years since I sat in the old lecture theatre across the road and listened to my first introductory address from the late Dr. Julius Pollock. It is, however, some thirty years or more, and as I look back over all the road that I have traversed since that date and think of the journey, the men with whom I have travelled, the inns at which I have rested, and then look forward and see the long white road still stretching upward—for

> "The road winds up-hill all the way,
> Yes, to the very end," Christina [illegible] "Uphill" *

the main thoughts which come to my mind are those connected with the mystery of this life and the unfinished lessons to be learnt from its experience. All the manifold teachings of science tend to magnify one's conception of its greatness. Not without reason are we told that—

> "Planets have toiled, forgotten suns have burned,
> That we may live."

and limitless as is the Past out of which we came, none the less limitless is the Future into which we go.

Heirs, then, of all that limitless past, born to take part—and some worthy part—in that portion of the great unfolding peculiar to your age, I would have you take no mean view of your mission and your destiny, feeling assured that however highly you regard it you will still fail of the reality. Whatever may await us in the future, this much is given us here and now—the gift of the present life, a fortune which may be squandered or spent wisely; a trust for which, in one way or another, we may have to account and that to the uttermost farthing. Therefore, it is not a thing to be treated too lightly. Its little ironies may well be subject for humor and amusement, but it is too great a thing to be sacrificed in the pursuit of pleasure; and, on the other hand, it is hardly so grievous that a man need go to the cloister or the desert in order to escape its many contaminations. As de Tocqueville has wisely said: "Life is not a pleasure or a sorrow, but a grave business which has been entrusted to our charge, and which we have to carry through to an honorable

end." "A grave business"—a business that has its dangers and hardships, its times of adversity, in which we have to

> "Breast the blows of circumstance
> And grapple with our evil star."

"A grave business" which has its times of triumph, when the goal of years has been achieved and a light which is of neither sea nor land floods the long white road with radiance. A business "entrusted to our charge," and, therefore, one that we cannot shirk and one that we cannot lay down until the Bearer of the Great Invitation crosses our threshold. So to every man, without question or choice, comes the fortune and responsibility of life; so to every man comes the subsequent question and choice, "What will you do with it?"

To some of you this day of the introductory address will mark (as it did to me) the final decision, the acceptance of a special career or destiny, the definite entry on a life-work. Some events in our lives appear to have only a temporary significance; some have an extended influence over months or years; others, again, are essentially for ever. To this class the step you have taken to-day belongs. Little as you may now realize it, there will probably be no returning. Of all my fellow-students in the old days I can only think of one who really changed his profession, so that henceforward all your life will be fashioned and colored by the profession you have chosen, and the great Mistress of Medicine in whose service you have enlisted will demand your constant and unswerving allegiance. The choice is a great one, but it need not weigh on you too heavily. So wide, so increasingly vast, is the realm of medicine that in her service every order of mind can find congenial work. In anatomy and physiology, with all their connected studies; in bacteriology, in practical medicine and surgery, in sanitary science, in the medical departments of the army and navy (so well and faithfully served by many Charing Cross men), and in the various legitimate departments of special practice, there is ample scope for various shades of taste and acquirement. Indeed, to most men the manner of following the career they have chosen is of far greater importance than the making of the choice. Perhaps you may remember how this idea is expressed by my fellow-townsman, Mr. Shorthouse, in his novel of "John Inglesant." One of his characters applies it—and to the extremest limits—in his review of the different

sides of political and religious life which presented themselves for choice to the hero of the book. "Hereafter," he says, "it will be of little importance which of these new names, Cavalier or Roundhead, you are called by, whether you turn Papist or Puritan, Jesuit or Jansenist, but it will matter very much whether you acted as became a man and did not flinch ignobly at the moment of trial. Choose your part from the instinct of your order, from your birth, or from habit, or what not; but having chosen it, follow it to the end. Stand by your party or your order, and especially in the hour of trial or danger be sure you never falter; for be certain of this, that no misery can be equal to that which a man feels who is conscious that he has proved unequal to his part, who has deserted the post his captain set him, and who, when men said, 'Such and such an one is there on guard, there is no need to take further heed,' has left his watch and quailed before the foeman, to the loss, perhaps, the total ruin, of the cause he had made his choice." I think that, with still greater justice, we might paraphrase this and say: "It will hereafter be of comparatively little importance whether you are a soldier or a sailor, a clergyman or a medical man, or a lawyer; but it will matter very much whether you acted as became a man called to the duties and responsibilities of the life you have chosen. Every now and then a man is born with overmastering talent for some special work and is unhappy and 'sterile' until that work is found, but to most men of honest purpose and diligent habit every calling will afford opportunity for advancement and for honor. A good man comes to the front in any work he undertakes according to his industry and opportunity, and nowhere, I suppose, is opportunity richer than in the walk you have chosen.

But the service of your mistress must be whole-hearted and generous. What gifts have you to bring with you? A healthy and well-trained body, a well-educated mind, a high moral purpose—all these she claims for really successful service; and if to this can be added the beginning of some wider culture in literature, in art, and in music, the better and richer will be that service. I am not one of those who think that the education of medical students and practitioners should be restricted as far as possible to scientific subjects only. There are undoubtedly some men of fine but limited capacity who do well to narrow their energies and fix these solely on the subjects of their special study, but to men of

wider tastes and sympathies this is not only unnecessary but impossible. Accessory studies, however, should be strictly and proportionately subservient to one's life-work and the special study for its mastery. If this be assured, the wider the culture the finer and more delicate will be the perception of various shades of difference between health and disease and between man and man—the better will the observer recognize and describe points that have been missed by those before him, the greater will be his power to grasp and to investigate the larger problems of medicine—those involving many issues.

The ability to express oneself in clear and vigorous language is rarely gained unless one's study of literature has been considerably wider than that afforded by professional writing only. The power to portray both the normal and the abnormal by sketches in pencil or color (so great an advantage in all records of work and in teaching) must be prefaced by some artistic education and practice; and accurate perception of pitch in sound (so much needed in medical diagnosis) comes best by musical training. In addition to these some knowledge of modern languages, and especially of German, is almost a necessity if one is to keep pace with the days in which we live and the work that is done in them; while to those who may hereafter devote themselves to the practice of surgery, some knowledge of handicraft, of the bench and lathe, and the practice of any neat handiwork that presents itself, will be of decided service. This use of the hands, however, will almost always be spontaneously acquired by anyone who has a surgeon's instinct.

These, then, are some of the good gifts which tend to fit the possessor for the study and practice of medicine, and which, if you possess them, you lay to-day upon her altar. Hitherto you have sought them, perhaps, for your own pleasure and glory. Henceforth you hold them as more or less subservient to your life-work and as helping to fit you for the service you have undertaken.

If I look back on my own experience of life and of its testing power, how do these greater qualities of body, of intellect, and of morals stand out in life's struggle? What is their relative value, and what instances can I recall of gain or loss resulting from their presence or their absence? One of my old fellow-students, an athlete and good cricketer, finding as a young practitioner his time unoccupied, scorned to pretend otherwise, spent much of his long summer days in

the cricket field, and, in his own words, "cricketed himself into the best county practice of the district." Doubtless he had many other solid qualities behind his cricket scores, but this was the door or gate which opened for him the pathway to success. In many other ways, too numerous to mention, the value of a healthy body has been abundantly evident in the lives of many practitioners of my acquaintance, and has contributed very largely to their success; in none, perhaps, more so than in those who, by virtue of good work well done, have come to the front and are taking leading positions in their profession. It is not only the manner or quality of work which tells. The very ability to do more than others for years together, which comes from extra physical strength and endurance, has given some men an opportunity of forming an experience beyond their age, and enabled them to reach a point in advance of their fellows which they could never have gained without a splendid physique as the basis of their labor. And what shall I say regarding the want of this? It hampers a man at every turn, and though it is by no means fatal—much of the very best work of this and every age having been done in spite of physical weakness—yet animal strength and spirit, and the natural courage and unconscious power which go with it, are of the very essence of success.

Some of the very saddest recollections of my life are of eight professional friends—fellow-students—nearly all of about my own age, but not all students of this hospital—in each of whom this power was gratuitously and irretrievably lost by the incurrence of syphilis in early life. One who was well known in the athletic field and was the champion high jumper of his day, succumbed to paraplegia. Another, a brilliant student, who took his Fellowship with me and shortly afterwards obtained a good hospital appointment, gradually lost his reason and died of brain lesion. Another, somewhat similarly affected, recovered slowly from specific hemiplegia, but with more or less impaired function and brain power. Another became blind. Another suffered, and I believe, died from the effects of stricture of the rectum; and yet another, who probably possesses, or did possess, exceptional teaching ability which might have been put to noble use, became affected with locomotor ataxia, and now lives a brave but comparatively inefficient life with crippled power and feeble health. I could go on if I wished and could, if it were justifiable, give names and dates and

circumstances, but I have probably said enough. Again, I could, of course, append to this list a companion one of lives which have been more or less ruined by alcoholism, but sad as are some of the cases it would include, none strike me as quite so tragic, so irremediably hopeless, as those which I have narrated. The steps leading down to such tragedies are unclean and dangerous. There is no necessity to tread them, and you must bear with me if I venture again to insist on de Tocqueville's definition of life as not only something entrusted to our charge, but a trust which must be carried through to an honorable end. Dishonorable —or rather, perhaps, unhonored—ends lie in wait for all of us who are careless of the sacred nature of the trust, and though suffering may hereafter find its outcome in redemption, this is neither "here" nor "now."

In dealing with mental gifts and acquirements I find a difficulty. The field is a restricted one. The portals of the profession are guarded, and wisely guarded, by entrance examination, and all throughout the course your progress is tested by repeated examination, so that no one of really feeble or deficient intellect is likely to gain admission. A clear brain and good reasoning powers are undoubtedly needed for the proper understanding of most of the higher problems of medicine and for the prosecution of all original work, but the bulk of the studies in which you will be engaged require rather application than brain power. As anatomists you must know the human body as the good cabman knows his London; in microscopical anatomy and physiology you learn to know the buildings of which the city is made, their several uses and the work that goes on in them; while in bacteriology you learn to recognize—and by several alluring devices to hunt, confine, and tame—the various animals, domestic or wild, which may seriously infest the city.

In all your studies, even the most advanced, of practical medicine and surgery, the simpler mental processes of observation and memory are those which will engage you most, and though to be a really good observer demands a quick perception, undivided attention, and constant practice, no one who has done fairly well at school need be seriously afraid of the mental strain involved by the study and work before him. On the other hand, there is plenty of simple steady work to be done day after day, and there may be some danger that the man with quick and able mind may underestimate the importance of the daily "grind." We all of us know the

brilliant student, the pride of his school and his college, who occasionally, from first to last, carries all before him and that easily; but on looking back I am rather astonished at the number of good men I can call to mind, clever men, men whose mental endowment was, if not of the first rank, yet far above the average, who still, for some reason or other, failed to fulfil the promise of their youth. On the other hand, I can remember some men who were naturally not clever or brilliant, whose brains, in comparison with their fellows', were slow and dull, who, in spite of this, by taking rather longer time to do the requisite work, did well, some one or two achieving high distinction. For no man knows a thing so well as he who has had hard work to learn it, and no one, when the lesson is learnt, can so well understand the difficulties of those below him and therefore so perfectly help them. It would, of course, be utterly wrong to argue from this that quickness of perception and intellectual ability are of little worth. They are in one sense the special desiderata of the age. So full is this of rapid change and progress that a certain sharpness and alertness of mind are absolutely necessary in order to keep abreast of the times, and occasionally to obtain a chance of leading in the van. In no branch have we seen this more than in surgery, but it applies to almost every calling now, and he who lingers long upon the way is left behind in the race. You know this, you hear it spoken of, you read about it in the daily papers, and the necessity for keenness of intellect, for taking advantage of every kind of technical training, for promptness, hustle, and despatch, is preached —and rightly preached—at every corner.

If this were an age in which these things were undervalued none could speak more strongly than myself on the incalculable advantage of a good brain, trained by education to the very highest pitch of excellence, and therefore enshrining an intelligence well tempered and acute. But, of itself, this does not necessarily command the highest and most permanent success. Even in the life of scholarship or science, where the value of the intellect rises immeasurably, there is still something in the man outside it on which its beneficent use depends, while in the actual practice of professional life thought must be united to action at every turn and both be controlled by healthy judgment for fruitful service. Indeed, the most marvellously gifted man I have ever known, whose powers of intellect and of expression were quite phenomenal,

who was, in thought and practice, almost a generation ahead of his contemporaries, must be held to have failed of his proper destiny for want of something—some directing and controlling force—which might have kept the fountain of his genius purer, free from the extravagance of personal ambition and from the mud of unwise and often unjust controversy. And, as I think of these things, I recall also the names of three other of my contemporaries whose histories may possibly be familiar to you—three great Englishmen, men of commanding ability and promise, the sun of whose reputation and career set when it was yet morning, and in one case, that of perhaps the most brilliant and fascinating intellect my age has known, with a horror of "great darkness."

What, then, is of greatest value? If life has taught me anything it is that a high moral purpose is the most important factor in one's life-work; in other words, it is character rather than intellect which determines true success. Now I do not think that one believes this or realizes it in what is called "student-life." We and our fellows are "gentlemen." The main moral virtues—truth, honor, courage, temperance, gentleness—we take for granted. The real differences between us, the differences that "matter," appear to be those of body and mind, and if we are deficient these are the ones that trouble us. Broadly speaking, this is a healthy view to take. It usually argues that the foundation-principles of morality are so well laid that, though possessed in varying degree, no one is without them, and the atmosphere of noblesse oblige engendered by this faith helps many a weak man to act up to the standard of those around him. But, little by little, there comes disenchantment. The friends whom we have trusted fail us; some men we meet take advantage of our youth and inexperience; some astonishing lapse of high principle in the conduct of one or more of our fellows startles us; or, on the other hand, some good thing well done by another—it may be some brave act or the ready owning of a fault—arouses our own inner consciousness and calls forth the involuntary question, "Should I, could I, have done the same?" The life of the great city in which we find ourselves begins to alarm us by its injustice and oppression. Its hideous contrasts, the slavery of the poor to the rich—quite as real as that which existed in pagan Greece and Rome, but no longer open and naked and unashamed; the separation and isolation of the successful from the unsuccessful; the

hypocrisy of society, in which vice is frowned upon openly, but encouraged in secret, in which the highest and holiest things are prostituted to ignoble uses; the hopelessness of obtaining any collective effort to alter this—all strike upon the dawning consciousness with confused but painful clamor. In one way or another we wake from dreams and "make-believes," finding that real life is different from what we fancied. We strive, perhaps, to do right and have to walk in hard places, while others, with lax principles, achieve a kind of success—a success, however, that is worse than another man's failure, a success which cannot be touched with dissecting forceps. As life opens out before us, with cares and temptations and sudden tests for which we are unprepared, most of us, if we are honest with ourselves—I speak from my own experience—find that we, too, are somewhat deficient; that industry, or perseverance, or courage, or sincerity, or self-control—or other virtues I have not named—are not so perfect in us as they should be, and there is no school of morality other than the questionable and polluted one of life itself around us, in which we can study and train and become stronger. And then we finally realize—rather late, perhaps—that these, after all, are the things that matter most. The things that are more excellent. cf. Watson.

It would be impossible for me now to consider all the good qualities which go to form the perfect or ideal physician or surgeon, but if you ask me what are the most important of these, without which—or the determination to possess them—it is hardly worth while entering on the actual practice of your profession, I should put in the first place love of truth, then love of one's kind, and then love of service. By love of truth I mean not only the love of careful and exact statement, though this is of the utmost value, but also the discoverer's love of fact, for the gaining of which he will endure hardship. By love of one's kind I mean a ready interest and sympathy in men of all classes, a genuine recognition of brotherhood which will make you enter into their difficulties and sorrows as your own, respect their helplessness, and have patience with their ignorance. By love of service I mean that disposition or attitude of mind and body which finds its chief delight in helping others. If a man possesses these qualifications, or strives for their possession, though he may have taken no honors at his university, people will trust him, because they can believe in his word and his purpose; they will understand him, because he is not ashamed

of kinship; they will love him in proportion to his work for them. And the work of such a man will be good work. It may have the limitations inseparable from the measure of his attainment, but it will be free from humbug or pretence, and every essential accessory within his own control (such as the strictest surgical cleanliness and care) will conspicuously mark his conduct of the cases entrusted to his charge.

But what if we know that we are wanting? What if some of you feel (as I have felt) that neither the body, nor the mind, nor the character that we desire is ours to-day? What if some of us know that we inherit weaknesses as legacies from those before us? Then, whatever may be said regarding bodily attainment (and this is far more capable of development under culture and training than many have imagined), of this you may be certain, that growth of mind and character are practically illimitable, and that there is probably nothing short of insanity that cannot be overcome by education in the highest sense of it. In these days, when a little truth is occasionally written in scattered papers on the subject of heredity, and almost any amount of fictitious nonsense dealing with this question is scattered broadcast, it seems necessary to preach again the gospel of true education. Believe me, there is no weakness you cannot grow out of if you set your heart upon it, there is no strength or goodness that you may not aspire to and in some measure attain.

> "Μακάριοι οἱ πεινῶντες καὶ διψῶντες τὴν δικαιοσύνην, ὅτι αὐτοὶ χορτάσθησονται,"

But the way is long, and the heart must be set upon the goal.

> "The road winds up-hill all the way,
> Yes, to the very end"—

and the hardest lessons are not to be learnt at the beginning. This is why I said that a high moral purpose was needed rather than a catalogue of virtues. It is the taking of the up-hill path that is the important matter; the doing of our duty to the best of our ability day by day that brings with it light and leading. For as the distance lengthens the prospect widens; we get out of the narrow defiles and tangled mazes of the earlier journey, and though the ascent becomes steeper and more painful, more and more of its direction becomes open to our view. Of course, there are times of darkness

when we can no longer, perhaps, see the way, but if we look upwards there are always the stars to guide us. Even when these are hidden, if we wait patiently, quietly, perseveringly, the cloud will finally "lift," for the stars are always there. Before the ending, too, the sights and scents and stillness of the everlasting hills are about us and inspire calm and quiet confidence.

But will not the trend of thought I have been pursuing —the influence of character on individual life—admit of a wider application—the influence of character on national life? I have lately been visiting some towns in the South of France, where remains of Roman occupation, of Roman architecture, and of Roman life are both plentiful and striking. At Arles, which is a veritable museum of antiquities, the arena is still standing; colossal, magnificent, built on a scale rarely or never attempted by us for any permanent building. It holds easily 25,000 people, and is still occasionally used on great public festivals. Close by are the ruins of the Roman theatre, and still further on we find the old burial-ground or Elysian Fields, the cemetery of "les Aliscamps." Here we may note the care and love and reverence which the Romans lavished on their dead; the massive tombs, many of them double for husband and wife; the touching inscriptions commemorating the life and work of those who had gone before; here, a builder of ships; there, a young girl, fond of, and proficient in, the art of music, her tomb carved with representations of the mandolin or guitar, the early organ, and other instruments of music; or here, again, the tomb of a boy of seventeen whose sorrowing friends mourn his premature decease. Again, if we pass to the Musee Lapidaire and see the carving, the jewellery, and the pottery of these days, some difficult to imitate and impossible to surpass; if we look at the faces of these Romans preserved to us in marble, strong, fine, intellectual, like the best English faces of to-day (and there is much more Roman blood in English people than many have supposed); if we look at the sculptured heads of their children, and particularly I might single out the head of the boy (supposed by some to be a son of Constantine) which for purity and beauty is perhaps the most wonderful fragment of realistic sculpture in the world,—if we consider all this, it seems impossible to conceive how these men, so great, so powerful, so wise, so loving, the successful colonizers and rulers of nearly all the then

known world, could have lost their empire and become merely a shadow and a name. If history is to be believed—and we can read it directly in the later literature of their race—it was not intellectual gifts which became wanting, it was not directly bodily strength that failed, but it was the national character which slowly became depraved. Sapped by the loss of national faith, the increasing growth of luxury and softness, the limitation of families, the relaxation of marriage ties, the elevation of the wanton and courtesan, the disgust of service, the importation of foreign slaves and soldiers, who, many of them, became better and greater than their masters —it was the gradual corruption, effeminacy, and moral decadence of the race which led to its downfall and its ruin.

And what of the national character of England in our own days? Are there not some indications of similar dangers? If you think so—and I could give you many reasons for this fear did time permit—individual awakening may do much to help yourselves and the profession which you have chosen. It may finally arouse collective action and do much to help England. Gentlemen, we have been passing, and are still passing, through a time of "sifting," as every time of war must be. Older, and, as I think, purer ideals are again coming to the front. We begin to realize that the "battle is to the strong," and that the real wealth of a nation consists not so much in her material prosperity as in the number of healthy, upright, and manly lives who can give themselves to her service and protect her in the hour of need. Such have not been wanting in our recent struggles, men who

> "Never turned their backs, but marched breast forward,
> Never doubted clouds would break,
> Never dreamed, though right were worsted, wrong would triumph.
> Held, we fall to rise, are baffled to fight better,
> Sleep to wake."

But we want more of these, and of this faith or spirit which ensures the final victory. You who will be the medical attendants and advisers of the future generation may do much by steadily honoring and upholding higher ideals of individual, family, and national life to infuse a new and healthier spirit into the coming age. For it is in the spirit of Browning's epilogue that the hardest tasks are always accomplished—it is in this spirit that a nation may sometimes be born again.

MEDICAL APHORISMS.

1. Life is short, patients fastidious, and the brethren deceptive. 2. Practice is a field of which tact is the manure. 3. Patients are comparable to flannel—neither can be quitted without danger. 4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted. 5. Would you rid yourself of a tiresome patient; present your bill. 6. The patient who pays his attendant is but exacting; he who does not is a despot. 7. The physician who depends on the gratitude of his patient for his fees is like the traveller who waited on the bank of a river until it finished flowing, so that he might cross to the other side. 8. Modesty, simplicity, truthfulness!—cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. 9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. 10. Remember always to appear to be doing something—above all, when you are doing nothing. 11. With equal, and even inferior, talent, the cleanly and genteelly-dressed physician has a great advantage over the untidy one.

CHAUCER'S DESCRIPTION OF A PHYSICIAN.

The "father of English poetry" thus refers to the medical man of the fourteenth century:—

With us there was a doctur of phisike;
In all this world, na was there none like him
To speake of phisike and of surgerie,
For he was groundit in astronomie.
He kepte his patient a full great dell
In houses: by his magike naturell
Well couth he fortune the ascendent
Of his image for his pacient.
He knew the cause of every malady,
Whether it were of cold, heate, moist, or dry.
And where of engendered was each humour.
He was a very parfit practisour;
The cause I knew, and of his haime the roote,
Anon he gave to the rich man his boot.

Full ready had he his apoticaries
To send him drugs and his lectuaries:
For each of them made other for to winne,
Their friendship was not new to beginne.
Well he knew the old Esculapius,
And Diascorides, and eke Ruffus,
And Hippocrates, and Galen,
Serapion, Rasis, and Avicen,
Aberrois, Damascene, and Constantin,
Bernard, Galisden, and Gilbertin.
Of his diet measurable was he,
For it was of no superfluitie;
But of great nourishing and digestible.
His study was but lytyl in the Bible.
In sanguyn and in perse he clad was al,
Lined with taffeta an with sendall;
And yit he was but easy of dispence.
He kepte that he won in time of pestelence;
For gold in phisike is a cordial,
Therefore he lovede gold speciall.

It appears from this quaint and satirical picture, that, in Chaucer's days, astrology formed part of a physician's study. It also plainly proves that a disgraceful collusion prevailed between practitioners and their apothecaries, mutually to enrich each other at the expense of the patient's purse and constitution. The poet, moreover, seems to tax the faculty with irreligion: that accusation was not uncommon; hence the old adage, *Ubi tres medici, duo athei.* Taffeta and silk, of crimson and sky-blue color, must have given an imposing appearance to this worthy gentleman, who, resembling many later doctors in his disuse of the Bible, resembled them also in his love of fees.

THE SPECIALIST.

A physician should spend several years in general practice before adopting a specialty. Specialism has done many good things for medicine; but practitioners should see to it that it is not overdone. If a physician wishes to acquire a broad general culture, it can come only from general practice. The selection of a specialty should, like matrimony, come naturally and without being forced.

A NOBLE PROFESSION.

Physicians know the fearful risks they incur in operating for the relief of patients suffering from certain diseases. Danger never deters a doctor from the duty of alleviating human suffering or prolonging human life. It is not a question of money. The two most notable Canadian victims of blood poisoning this year, Dr. Fenwick, of Kingston, and Dr. McFarlane, of Toronto, got their death by operating upon patients in hospitals. To relieve suffering or save human life these physicians did their duty calmly and open-eyed, and death came to them, not through carelessness, but by unavoidable mischance. The chivalry which glorified the age about which the poets sing was poor in its standards compared to the ideals which guide the noble profession of medicine and surgery. There are heroes to-day whose bodies are not armor-clad, but whose souls are uplifted with that high sense of duty which makes them willing to venture in a battle where all they can win is the life or comfort of some unfortunate they do not know, and where they may lose their lives. A selfish age this may be, and greed of gain is corroding the souls of men. There is one profession which puts no price on many of its services to humanity, but which day by day supplies heroes who risk life at the call of duty—heroes whose heroism is unknown, save when one falls, as Laughlin McFarlane fell.

KIPLING ON DOCTORS.

Rudyard Kipling, at the annual dinner of the Harveian Society of London, replied to the toast of "The Visitors." He said he had been thrown much in the company of medical men in all parts of the world, and he admired them. He had seen them going to certain death with no hope of reward, because it was "business." He had also seen them handling cholera and smallpox, and when dying therefrom wiring for a substitute. He had seen them in Vermont manage a practice twenty miles in each direction, driving horses through eight feet of snow to attend an operation ten miles away, and digging their horses out of the snow and proceeding. It was one of the proudest things of his life, he said, to have been associated with "real fighting men of this class."

EXTRACTS FROM ADDRESS OF SIR JAMES PAGET.

"Let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours, in the pursuit and use of truth, offers the most complete and constant union of those three qualities which have the greatest charm for pure and active minds—novelty, utility, and charity. These three, which are sometimes in so lamentable disunion, as in the attractions of novelty without either utility or charity, are in our researches so combined that, unless by force or wilful wrong, they can hardly be put asunder. And each of them is admirable in its kind. For in every search for truth we not only exercise curiosity and have the delight—the really elemental happiness—of watching the unveiling of a mystery, but on the way to truth, if we look well round us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is, that in all her works, wonder is harmonized with utility, so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And as in every pursuit of knowledge there is the charm of novelty, and in every attainment of truth, utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of the poor (great as is the privilege of our calling in that we may be its chief ministers), but that wider charity which is practised in a constant sympathy and gentleness, in patience and self-devotion.

"Let us, then, resolve to devote ourselves to the promotion of the whole science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood; and may God help us in our work."

"We sometimes see the beam of life and death so nearly balanced," he once said, "that it turns this way or that, according to the skill that may be cast into the scale of life. And surely if we could gather into thought all the issues that are involved in the life or death of any man, the anxiety of ignorance at such a time would be intolerable. All is permitted to depend upon the skill of one. Conceive that one yourself, what would be your remorse if, when in their confusion and distress they looked to you, you felt helpless as themselves; your hand paralyzed by the fear of ignorance, your mind confused in that half-knowledge whose glimmerings only show that more skill might save the dying man!

Yet this must be the remorse of every one who will neglect the study of his profession, and yet dare to undertake its responsibilities."

APHORISMS OF HIPPOCRATES.

Life is short and the art long; the occasion fleeting; experience fallacious and judgment difficult.

The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants and externals co-operate.

THE MEDICAL STUDENT AND HIS PROSPECTIVE CAREER.*

By Professor Frank Buller, M.D.

There is in all human affairs a general law of averages, which enables the student of enconomics to foretell with reasonable certainty the chances of success or failure of business enterprises, and of communities or individuals engaged therein under certain known conditions; for instance, all the different varieties of insurance, life, fire, marine and accident, are based on the law of averages, which taken the world over remains immutable though subject to local modifications dependent on altered conditions of a temporary or local character. So that things which in a way are subject to the universal law have to be studied in detail, and in a local sense, by those whose interests are restricted to the limits of any particular country, district, locality or community in each of which human affairs have their own more or less modified law of average.

The same may be applied, of course, to every class of persons who have in some way differentiated themselves from the community as a whole.

The soldiers and sailors of a nation can easily be shown to have definite average income, chance of promotion, duration of life, etc., etc., subject, of course, to the chances of war and other perturbating influences, and it is not difficult to understand that a careful study of any other class of individuals will yield a fairly exact knowledge of the same kind in regard to these. I do not know that anyone has undertaken such a task in reference to the medical profession; however interesting researches of this kind may be, it is more

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than doubtful whether the person undertaking them would ever reap a satisfactory reward.

Nevertheless, I purpose in this address to give you a few thoughts along these lines, derived partly from my own observations, and partly from reading and hearsay.

I think it may be accepted as true that everyone who chooses the medical profession as his life-work, at the outset cherishes the hope that he may make a success of it.

It is possible that all do not take the same view of what constitutes success. One may say my life will be a success just in proportion to the amount of good I may be able to do unto others, irrespective of any benefit that may accrue to me in a material or pecuniary sense. Another may say the esteem and good-will of the people I live among is the reward I have in view; another may look upon the chances of amassing money as the chief incentive to entering the ranks of the profession, or a combination of these and perhaps other motives not so easy to define may determine the choice. Some enter the profession as a matter of choice because they have a real liking for the study and work pertaining thereto; these are the ones who become diligent workers, and attain the highest positions in its ranks, and the rewards for merit which never come to the careless, the indifferent, the negligent and slothful. Give heed to the maxim, "Honors come by diligence: riches spring from economy."

Some are thrust into the profession by parents, friends or guardians, because it is a respectable calling and open to all who can spend a few years time and the modest sum of money necessary to acquire a medical degree: many of these become "chronics" in our classes, for they love not their labor.

After thirty-five years association with medical students and their teachers, and twenty-five years a member of the teaching staff of this school of medicine, I do not hesitate to say that I have never known a single teacher or examiner in any medical school, or one member of our faculty, who was not sorry for any or every student that failed to pass his examinations, nor one that was not sincerely pleased with each who passes creditably to himself and his college. From this you will see that everyone of you has from the outset the entire good-will and co-operation of those who are ultimately obliged to decide for, or against, in the pass examinations. It is my firm conviction that there is not a British or American school of medicine in which the curriculum of study is placed

so high that any student of average ability is justified in failing in any of his pass examinations; should he do so the explanation is to be found in one of two causes, viz:—Want of diligence, or deficient mental capacity. The first may be compared to a preventible disease; the second, to an incurable ailment. Those who come in either category are in all probability aware of their situation, and should govern themselves accordingly.

Just think the matter out in a quiet philosophical way and I believe you will agree with me that the examiner who rejects every badly prepared candidate at the earliest possible period, is the student's best friend. Those who feel they have done their best and failed, can and should step down and out, and waste no more time in work for which they are not properly equipped by nature. Their average is too low. Those who feel they have not given their best to the cause should awaken from their lethargy and resolve once and for all never to miss another opportunity, or else stand aside and seek no more to enter the profession which, of all others, has no place for the indolent and careless in its ranks, but presents the greatest possible scope for all the best qualities found in human nature.

A set-back in one or two subjects may be partly due to an element of chance, which cannot be entirely eliminated from any system of examination covering a wide range of knowledge, but apart from this, I believe it is a mistake for anyone who has failed in his primary examinations for two consecutive years, to continue his university course. The world has need of his special talents in some other sphere of action, and in the long run the world does take most men for just about what they are worth. I have not the least doubt that every trade, profession or calling in life contains many who are not fit for their vocation, and I will go further and state, without fear of contradiction, that there is not one present here to-night who has not had opportunity of observing the truth of this assertion as applied to the medical profession, as well as other occupations. It will be an ideal civilization when some method has been discovered whereby everyone shall be allotted exactly the work for which he is best adapted.

Of one thing we are at present reasonably certain, viz., that in all civilized countries the medical profession is overcrowded, and that the demand now is rather for quality than quantity. Hence the tendency everywhere apparent to lengthen and augment the curriculum of medical schools.

You of the present time will in a few years inevitably have to meet with the opposition of younger men who have been sent out better qualified than their predecessors. If you are wise you will prepare yourselves now to hold your own against all comers in the field of your future labors.

To me it seems that the most difficult thing every practitioner has to do is the task of keeping up with the procession. The struggle is so constant, so arduous, that only a few are able to keep the pace.

Those who do not succeed in practice, lacking the stimulus of prosperity, become careless and indifferent and make little or no use of such opportunities of study and advancement as come to them, and those who are more fortunate in getting plenty of work find it difficult to spare the time for minute study and careful observation. It is not so easy for a professional man to employ others to do the drudgery as in ordinary business, in fact, there is very little of his work he can delegate to others under any circumstances, and when the usual day's work is accomplished, how few there are capable of bringing the energy and concentration necessary for efficient work of a literary or scientific character, with the additional burden of being subject at all times to ever recurring interruptions.

There is one way, however, in which everyone engaged in the practice of medicine and surgery can do something to advance his knowledge and keep up with the times; an easy and pleasant way withal and highly to be recommended. It is this:—We should all make a practice of seeing each other as often as possible in a social way and in regularly attending the meetings of medical societies. Each one should make a point of supporting and attending the meetings of his own local society, and also at least one provincial or national meeting every year. Although we may feel inclined to make little of the apparent benefit derived from any particular occasion of this kind, there is no doubt that the aggregate result is extremely beneficial. It is only by the friction of mind against mind that the best of us can avoid the ruts and grooves of a mere routine, so fatal to progress of any sort. It has been repeatedly urged by many who have made a study of the business side of our profession, that there are in the first place a great many more doctors than the country needs, some say twice as many as are required. If this be true, our medical schools are partly responsible for a great waste of human energy. Just think of this army of able-bodied men who are frittering away their lives and serving no useful purpose in the

national organism. If we look at the question from the standpoint of the wage-earner, we have but to compare the earning power of the average medical man with that of men engaged in other occupations. The common day laborer in this country will earn about one to two dollars per day; mechanics of some skill and special training earn on the average about three dollars per day, or for the laborer $300 to $600 per annum, and the mechanic, carpenter, bricklayer, engine-driver, etc., from $600 to $1,200.

If you wish to get an accurate idea of the average value of a medical man's services after several years' experience as a licensed practitioner, you have only to look into the advertising columns of the "London Lancet" or "British Medical Journal," where you will see large numbers of public appointments which will take the whole of the holders' time and attention, for the munificent sum of $500, $750, or possibly $1,000 per annum, with two or three per cent. off as a superannuation fund; and let me tell you such appointments are eagerly sought after by our brethren on the other side of the Atlantic.

Now, in the city of Montreal it is said the average income of the medical practitioner is about $700 per annum. How much better off is he, then, than the laborer or mechanic? Or, if we believe this estimate too low, and say the average is ten or twelve hundred per annum, how does this compare with that of clerks and bookkeepers, whose education costs comparatively nothing. The advantage is with the latter, as they can live anywhere and anyhow; not so with the doctor, who must of necessity pay more for appearance sake or sink out of sight altogether. The public has an absurdly exaggerated idea of people's incomes and "especially so of the doctor's." They hear occasionally of one who has made a fortune, and then utterly ignoring the fact that this was a rare exception, one perhaps in a hundred thousand, proceed to argue that all others in the same profession must be doing likewise.

I will read you a brief statement in this connection which recently appeared in the lay press, and which seems to present this question correctly. "The fact that Sir William Jenner left nearly two millions of dollars has led to much speculation by the English press on the prizes of the medical profession. The "Lancet" has accordingly taken occasion to point out that this money was not made by Sir William Jenner at all, but bequeathed to him by his brother, who was in trade. After going through the list for the last ten years, the

"Lancet" comes to the conclusion that the greatest fortune made in medicine was that of Sir William Gull ($1,700,000), and that was probably augmented by fortunate investments. Only two other physicians left over a million dollars—Sir Andrew Clark and Dr. Rhodes Armitage. There are 28,000 doctors in Great Britain, and most of them die poor. The "Lancet'" seems to have made out its case. The figures bear out a very general impression that the medical profession is hard worked, with few prizes and those not very great ones."

I have known many medical men whom the general public spoke of as "well off," or even rich, who in the midst of this assumed affluence have died in actual poverty, leaving their families wholly unprovided for, or at best a meagre pittance.

I have tried to find the names of medical men who had become wealthy by the practice of their profession in this city in the past century, and have failed to find one. It is true that half a dozen or so have died fairly well off in this world's goods, but most of these gains may be traced to money acquired by inheritance, by marriage, or, by the rise in value of real estate incident to all growing cities, in which a few cheap lots have in time come to represent a competence. If this be a true picture of your prospect should you seek to work up a city practice, is there any particular reason why you should expect better things than have fallen to the lot of your predecessors?

Let us now turn our attention to the country districts and see if there is no better fate in store for the young physician. This is what I find:—

In the larger towns there are always at least two doctors where one is wanted, and most of them, though presenting some outward appearance of prosperity, are living on the verge of poverty; a few, perhaps, one in twenty-five, accumulate some money, and if possessed of good business capacity ultimately acquire a modest fortune. In some small towns and villages, which of course absorb the majority of graduates in medicine, we find them as a rule working long hours and subject to every imaginable discomfort for pecuniary rewards not nearly so great as are expected by hackmen and livery-stable owners as mileage rates, leaving the question of professional services out of the reckoning.

Let me quote one example which came under my own notice, one of our graduates of over thirty years ago. I knew him well; he was of the sort the people out West would call a hustler. He would work more cheaply and do more work than anyone in his neighborhood, driving on an average not

GENIUS ITS OWN REWARD

NEGLECT OF SCIENTISTS

Sir Ronald Ross, Before British Guild, Scores Governments Who Forget.

London, Feb. 28.—The world's neglect of its men of science was the theme taken by Col. Sir Ronald Ross, the eminent authority on tropical diseases, in addressing the British Science Guild here yesterday.

"You throw your geniuses on the dust heap," said Sir Ronald scornfully. He recounted the brief recognition accorded to those who solve important scientific problems, although he made no complaint of his own treatment which, the record shows, has been liberal.

"The genius who saved countless lives in India by discovering methods of inoculation against cholera and plague," the speaker asserted, "is not employed by Great Britain in any capacity whatever to-day."

GIVEN MENIAL JOB.

Sir Ronald added that he was not at liberty to divulge the name of this man, but his hearers assumed that he referred to Waldemar M. W. Haffkine, former bacteriologist with the Government of India.

Continuing the speaker said: "Walter Reed, the young American who discovered that yellow fever is carried by the mosquito, was given a menial medical job after his discovery—seeing people's tongues and prescribing castor oil. He was allowed to fall ill and die feeling the greatest apprehension as to the future livelihood of his wife and children."

NOT EVEN A JOB.

Sir Ronald referred to Sir David Bruce, who discovered the cure for sleeping sickness. "England doesn't even think it worth while to employ him now," the speaker declared.

He added that there were three or four eminent scientists in this field who were equally neglected, and continued:

"It has often been said that the man who could find the cure for tuberculosis or who could discover the cause and cure of cancer would become a millionaire. On the contrary, it is more likely that he would die in the workhouse."

Sir Ronald urged that the country liberally pension such men, encouraging them to pursue their investigations.

PRESENTATION TO MASTER

Retirement From Office Marked by Expression of Goodwill.

The office of the Master in Chambers at Osgoode Hall was the scene this morning of a farewell presentation of a set of pipes to J. A. C. Cameron, who is retiring from office upon the reorganization of Osgoode Hall staff. The presentation was made on behalf of friends in the hall, a considerable number of whom were present Regret for the departure of Mr. Cameron was expressed and the recipient acknowledged the friendship he had found in his years at the hall.

30¢ CROSS 50¢
FRENCH POLISH
CENTURIES OLD
STILL THE BEST

less than 50 miles per day, Sundays included. He never was a good collector, and although nominally making eight or ten thousand dollars per annum, this is how the relentless logic of figures sums up the result. After thirty years practice he died leaving an estate valued at $25,000, to obtain which he drove in the thirty years 525,000 miles, his net reward being therefore rather less than 5c. per mile, or if we allow for his cost of living, certainly not more than three thousand dollars per annum, his total earnings were $115,000 ; which again translated into mileage gave him just 22c. per mile, or three cents less than ordinary cabman's fare, leaving office work and all fees as a professional man out of the reckoning. His only advantage over the cabman was his more constant employment and corresponding hardship in the way of exposure and loss of rest. How does the prospect please you? And yet this man was the envy of all his less successful competitors, not one of whom in that town has succeeded in accumulating so large a fortune. This is unquestionably a bad showing, a deplorable state of things for the profession as a class, but the facts I have stated are correct or very nearly so. Wherein, then, lies the fault ?

I believe it rests with the profession itself—in their want of co-operation for mutual benefit, in their lack of integrity towards one another. They should seek for some means of avoiding bad debts, remembering that every dollar uncollected is just so much off their net profits, and the worst feature of all is that the honest and willing clients are the only ones that pay, whilst the habitual "dead beat" goes scot free, though he is often the most exacting in taking up the doctor's time and attention. I do not believe there is a physician in the whole country who is not pestered by this sort of parasite. These, too, are the very people who squander their means in useless extravagance of all sorts, and there could be no hardship in compelling them to pay their doctor's bills. There are two ways in which this could be accomplished. The first is to exact cash payments for all office consultations; the second would be for all physicians to keep a list of those who do not pay, and keep each other informed as to whom these persons are, each one steadfastly refusing to give his services to all who are in debt to any other physician. This can only be achieved by demanding to see a clear receipt in doubtful cases, for all previous medical services. I have

often followed this plan myself, and find it gains the patients' respect, and never does any harm. Moreover, it removes from the minds of your confreres the bitter thought that you wish to gain by another's loss. You do not need such an evidence of good faith at the first visit, but if you demand it as a condition of further attendance, you will seldom be disappointed, and the chances are that by so doing, in addition to the approval of your own conscience, you will have gained the active good-will of a colleague and the lasting respect of your patient.

Very few patients will be found unwilling to comply with conditions so obviously fair to all parties concerned, and those who decline are not really worth having. If all physicians would agree to follow this plan and act towards one another in strict honor, the beneficial results would be incalculable, and would go a long way towards raising the business morality of the whole community. If the profession were not overcrowded, no doubt this simple but most important point in medical ethics would at once receive the general recognition it deserves, but *there is the rub*; the eagerness to obtain practice is constantly subversive of the code of ethics, to the great detriment of all engaged in the strife, yet how much better it would be for all to make common cause in doing away with that pest of the physician's life, the "dead-beat," that wolf in sheep's clothing, who comes with guileless tongue to gain your sympathy, and adds insult to injury, first by robbing and then by slandering you. That is all you have to expect from the man or woman who comes to you because he has not paid your predecessor.

There are two books I can confidently recommend to every graduate in medicine. The first is "The Code of Medical Ethics," the second is "The Physician Himself," by Dr. W. D. Cathell. If you take them as your guide and follow steadfastly the precepts they contain, you cannot go wrong; more than this, you will win the esteem and warm regard of all who come within the sphere of your influence.

I wish to say a few words in regard to the large class of young men who graduate in our medical schools and immediately disappear by settling down in country villages remote from the larger centres. I would like to see better things in store for these than have been in the past. Theirs is a life of ceaseless toil in soul depressing surroundings.

Many, for want of means, begin life by renting a room or two in some small wooden house of weather-beaten exterior,

an interesting and instructive operation upon whom for
cutaneous Umbilical hernia see paper by Thos. S. Cullen, M.B. To
"Johns Hopkins" Baltimore Md., Journal of American Medical Assoc.
Dec. 25. 1922, Vol. 78, pp. 564-6 + Reprint.

and all the environments looking like the last stage of desolation. The interior, a rough floor devoid of carpet or oil-cloth, shabby paper on the wooden walls, faded and torn ; a square, ugly box-stove the sole means for providing a scanty warmth in winter; some wooden chairs, a lounge and perhaps a medical chair covered with imitation leather, completes the meagre list of furniture. For wall decorations two or three chromos and an ill-framed diploma. In one corner a short grey-looking wooden counter garnished with unwashed bottles and a few crude instruments of pharmacy; some dusty, grey, wooden shelves on which repose the books used at college; medicine bottles, sundry boxes and untidy odds and ends. A bedroom still more desolate in appearance and appointments, with its bed so tossed and untidy that no one could accuse it of ever having been made up. Hundreds there are who start in this way, and although in time the changes incident to matrimonial ventures may effect some amelioration, the man and his surroundings never reach a condition worthy of one whose mission in life is to cheer and comfort his fellow-beings. Far be it from me to blame or harshly criticise where fate or destiny has proved unkind, but I do feel that a little more energy, enterprise and ambition, rightly directed, might sometimes work a wonderful change for the better.

Although I would be the last to advise imprudent outlay, or extravagant pretension, I cannot but think a few hundred dollars judiciously expended in making a good appearance at the outset, even at the cost of going into debt, would be money well invested, since the world judges largely by external evidences, and the smart, dapper, alert young physician always makes a much better impression than one who is negligent and slothful.

No one can afford to rely upon the knowledge he has gained at college to carry him through life, hence the necessity for new books every year, not many, but a few of the best, and also at least two medical journals, these last to be carefully scanned and an index made of all that seems useful and practical as they come in. Such a system of ready reference will prove invaluable in the effort to keep up with the times.

It follows from the distribution of our population over a very wide area, more so perhaps than in any other country, that the vast majority of those who practice medicine must of necessity be prepared to attend everything within the whole range of medicine and surgery, and there are, fortunately, taking one thing with another, only a comparatively few cases

cropping up here and there that call for special skill, for a finer knowledge of detail than can be expected of the general practitioner, and of this residuum most can very well wait a few days longer until special aid can be obtained, provided, however, that no harm is done by undue interference with the aims and objects of Dame Nature. When difficulties arise of a sort requiring greater skill and experience, or better facilities than happen to be within easy reach, it will be well for the sufferer if he finds himself in the hands of one who knows *what not to do*, for surely it were better to do nothing than to do the wrong thing, or even to do the right thing in the way it should not be done. Within the past twenty-five years a growing evil has come upon the profession in the form of an army of immature specialists, men who have taken a six weeks, six months, or even a year of study abroad, and then pretend to know all that can be known of all the "ologies" on record, when in reality they have scarcely mastered the rudiments of any one special branch of medicine or surgery. The real specialist is not made in this way; he must be evolved by years of patient toil in clinical work, after he has become "a ripe medical scholar, replete with general experience."

None but those who love work for its own sake are worthy of the name. To me there is nothing so sad as the spectacle of a wasted life, or a promising career blighted by the formation of pernicious habits. A retrospect of the vanished years, of the time when I, too, had college chums and loved everyone in the class almost as a brother, of those later years, with their associations and reminiscences of young men just starting in life, full of hope and energy, recalls full many a history of lives misspent, of deviation from the safe paths of temperance and self restraint. Perhaps in no other profession are there so many pitfalls and snares, so many temptations to err, as in ours. It is so easy for the doctor, tired and discouraged, as he often is, to seek relief in the use of drugs and stimulants, that the wonder is so many manage to resist the evil genius. All praise is due to those who do resist, and only pity, not blame, to those who fail. Of these last there would be a still smaller number if everyone realizing the danger and steadfastly resisting the temptation, resolved never to use alcohol or any drug for the purpose of obtaining temporary relief from the inevitable fatigue or discomfort they all at times must endure.

The danger is greatest to those who in their student days acquire the habit of conviviality and good-fellowship. Beginning with alcohol and so weakening the will power, it is an easy step to the use of deadly narcotics, opium, cocaine and

chloral. These things are always at hand, but no man is safe who prescribes them for his own use, for no man can be certain that he will have the power to resist a craving once indulged. Therefore, the greater the temptation the more need there is to put it from you. I am not here as a temperance lecturer; I only tell what I have seen and know to have been the downfall of many who might otherwise be living to-day, happy in the enjoyment of all that makes life worth living.

It has not been my intention to say aught that would be discouraging to those who are earnestly striving to make the most of their opportunities, and I have no doubt some of you will realize your fondest expectations, but for those who do not gain riches and fame, there is at least the consolation that you belong to an honorable and useful profession, and it will be your own fault if in the end you have not acquired and retained the respect and esteem of the community in which your lot happens to be cast; and, after all, what need is there of more than this?

ANNOTATION.

How true are the words of the son of Sirach—after searching the world he "returned and saw under the sun that there was neither bread to the wise, nor riches to men of understanding, nor favour to men of skill."

The words of the Padre Curé in the "Spanish Student" are expressive of our early associations:—

"O those were pleasant days,
Those College days! I ne'er shall see the like!
I had not buried then so many hopes!
I had not buried then so many friends!
I've turned my back on what was then before me;
And the bright faces of my young companions
Are wrinkled like my own, or are no more."

THE MODERN DOCTOR'S EDUCATION.

When he was twenty-five years old our doctor graduated,
And men of common-place ideas, pronounced him educated;
But he took three years of travel to learn the new pathology,
To study skin in old Vienna and Koch's bacteriology.

Then came a hard post-graduate course which took him three years longer;
Then, though his health was very poor, his intellect was stronger.

His physical condition now approached emaciation,
His fraters ordered two years' rest for his recuperation.

Then polyclinics, it took three years their mysteries to unravel,
And then to study foreign modes, three more long years for travel.
When he returned his big moustache with long grey hairs was threaded,
He'd lost his eyesight long before, and now was quite baldheaded.

When he was thirty-nine years old our intellectual giant
Hung out his little shingle, and then waited for a client.
The girl he loved in former days had long since wed another,
And had grown a portly matron and an excellent grandmother.

The boys he knew in grammar school seemed ancient as progenitors,
And one was governor of the State and two of them were senators;
But seated in his office, in retired sequestration,
He waited long for patients with their tales of inflammation.

One day when he was forty-five, came in his earliest client,
John tried to be as quiet as the poetry of Bryant;
But the shock it came so sudden, with such overwhelming power,
That he fell with apoplexy, and died within an hour.

THE TRAINED MAN.

A man may be brimful and running over with facts and information of every kind, and still be a fool. He is educated, who is so trained in his perceptive faculties, in his analytical powers, and in all his abilities of one kind and another that, put him down in the midst of difficult surroundings, he will be able to see where he is, to understand what the occasion calls for, and be able to master his conditions instead of being overwhelmed by them.

ANNOTATION.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust

about the brain, or dries like raindrops off the stones.—Froude.

Beware thy meddling hand in aught to try
That does beyond thy reach of knowledge lie;
But seek to know, and bend thy serious thought
To search the profitable knowledge out.
So joys on joys forever shall increase,
Wisdom shall crown thy labors and shall bless
Thy life with pleasure and thy end with peace.

CITY OR COUNTRY PRACTICE.

Many of the thousands of young doctors of medicine who have recently graduated or will soon graduate from our numerous medical colleges have already decided where they will settle, and what the character of their work will be. For the others who have as yet no definite plans the decision must be influenced by many individual considerations, but a glance over the comparative advantages and disadvantages of country and city practice may be of some help. The prizes of honor, influence and wealth which come to the leaders of the profession in large cities are very alluring, but unfortunately not one in a hundred can hope to win them. Without money and family or political influence the prospects of rising rapidly or of even making a living in the better class of practice in our large cities is not very encouraging. In a large city the young doctor is one of 500 others among many men of other professions, and the individual counts for little.

It is true that many men soon get large practices and even accumulate considerable wealth in practice among the poorer classes. Some of these men are well-read, thoroughly competent practitioners who do an immense deal in sanitary and benevolent work along with their busy practice, and such men always have the respect and support of the best members of the profession. But a busy practice among the lower classes does not leave time for study, hospital or laboratory work, which often tempt men to stay in the city. For the man with health, good ability, enough to live upon comfortably for several years and a desire to learn and to progress, there can be little question that the city offers far the greatest inducements. In our country the great hospitals, laboratories and libraries are all in cities. Without these advantages and without the stimulus of association with the progressive men who are grouped about our large teaching centres, few advance far beyond the limits of what they have learned in the

medical school. Besides the advantages for professional development, life in a large city offers many opportunities for general culture which cannot be left out of account.

The prospects of reaching a prominent position in the medical profession or of accumulating a fortune are not great for the man who chooses country practice. Many young graduates have visions of starting in the country and earning enough to set up in the city, but few ever do this. The long, hard rides in country practice, the frequent night calls, the great responsibility, the small fees, must all be considered. But there are many compensations: a good practice and fair income are almost certain from the start; a physician of character and ability soon becomes a respected and influential member of the community, and the out-of-door life of the country is conducive to health, and to a person with a love for nature, in many ways pleasanter than city life. While few of those who start in small towns later go to large cities and become famous, there are numerous brilliant exceptions, among whom may be mentioned Sims and Gross, and several of the world's most famous physicians and surgeons have been country doctors all their lives; McDowell, the father of ovariotomy, and Jenner, who discovered vaccination, are examples.

In both city and country, competent, conscientious practitioners of medicine are needed. True success is not necessarily associated with fame or wealth, and a fair degree of success is almost certain to come to those who work faithfully to deserve it.

THE COUNTRY PHYSICIAN.

While there is much truth in the statement that, "Where there is nothing great to be done, a great man is impossible" —when it comes to medicine, to be a modest country doctor, surrounded by a confiding constituency, is no mean position to occupy, and might well fill the cup of ambition for the best equipped man.

THE CANADIAN COUNTRY DOCTOR.

I s'spose mos' ev'ry body t'ink hees job 's about de hardes',
From de boss man on de Gouvernement to poor man on de town,
From de curé to de lawyer, an' de farmer to de schoolboy,
An' all de noder feller was mak' de worl' go roun'.

But dere's wan man got hees han' full t'roo ev'ry kin' of wedder,
An' he's never sure of not'ing but work an' work away—
Dat's de man dey call de doctor, w'en you ketch heem on de contree,
An' he's only man I know me, don't got no holiday.

If you're comin' off de city spen de summer tam among us,
An' you walk out on de morning w'en de leetle bird is sing,
Mebbe den you see de doctor w'en he's passin' wit' hees buggy,
An' you t'ink "Wall! contree doctor mus' be very pleasan' t'ing—

"Drivin' dat way all de summer up an' down along de reever
W'ere de nice cool win' is blowin' among de maple tree;
Den w'en he's mak' hees visit, comin' home before de night tam
Far pass de quiet evening wit' hees wife an' familee."

An' w'en off across de mountain, some wan's sick an' want de doctor,
"Mus' be fine trip crossin' over for watch de sun go down,
Makin' all dem purty color lak w'at you call de rainbow,"
Dat's way de peop' is talkin' was leevin' on de town.

But it is n't alway summer on de contree, an' de doctor
He could tole you many story of de storm dat he's been in;
How hees coonskin coat come handy, w'en de win' blow off de reever,
For if she's sam' ole reever, she's not always sam' ole win'.

An' de mountain dat's so quiet w'en de w'ite cloud go a-sailin'
All about her on de summer w'ere de sheep is feedin' high,
You should see her on December w'en de snow is pilin' roun' her,
An' all de win' of winter come tearin' t'roo de sky.

O! le bon Dieu help de doctor w'en de message come to call heem
From hees warm bed on de night-tam for visit some poor man
Lyin' sick across de hill side on noder side de reever,
An' he hear de mountain roarin' lak de beeg Shawinigan.

Ah! well he knew de warning, but he can't stay till de morning,
So he's hitchin' up hees leetle horse and put heem on burleau;

Den w'en he's feex de buffalo, an wissle to hees pony,
Away t'roo storm an' hurricane de contree doctor go.

O! de small Canadian pony! dat's de horse can walk de snow-dreef;
Dat's de horse can fin' de road, too, he's never been before.
Kip your heart up leetle feller, for dere's many mile before you,
An' it's purty hard job tellin' w'en you see your stable door.

Yaas! de doctor he can tole you, if he have de tam for talkin',
All about de bird was singin' before de summer lef',
For he's got dem on hees bureau, an' he's doin' it hese'f, too,
An' de las' tam I was here, me, I see dem all mese'f.

But about de way he travel t'roo de stormy night of winter,
W'en de rain come on de spring flood, and de bridge is wash away;
All de hard work, all de danger dat was offen hang aroun' heem,
Dat's de tam our contree doctor don't have very moche to say.

For it's purty ole, ole story, an' he alway have it wit' heem,
Ever since he come among us on Parish Saint Matthieu;
An' no doubt he's feelin' mebbe jus' de sam' as noder feller,
So he rader do hees talkin' about somet'ing dat was new.

—Dr. W. H. Drummond, in "Johnnie Courteau."

THE PHYSICIAN—A CIVIC FACTOR.

Before I became so busily engaged in the practice of medicine as to be unable to get sufficient time to eat and sleep, I played the violin in an orchestra. It was not the "second fiddle" either.

We had an occasional selection that is called a medley, and which consists of a number of short selections the composition of other minds than that of the author, strung together like beads on a string, with a little intervening embellishment by the latter.

I have often noticed when anyone made any substantial additions to the literature of medicine in the way of inventive genius, new facts or correct conclusions drawn from old ones, some one is almost sure to bob up serenely and begin shouting "priority" at the top of his voice. Thereupon ensues a wrangle about as edifying as a dispute between a pair of ancient and honorable "dead-beats" over the truth or

falsity of an anecdote related to me by the biggest liar in Logan County.

Despising, as I do, anything in the line of family controversy, I would prefer that my paper be christened "a medley," which gives me room for some artful dodging and the "priority" man a chance to pocket my genius without the usual struggle.

My conception of a state is that of a unit made up of a variety of interests, each one of which is the natural and legitimate co-efficient of all the remainder. That these interests can exist and progress without friction the one with the other pre-supposes a certain amount of self-denial on the part of the individual representatives of each. The interest represented by the physician is a common one and one for which he asks for the surrender of no personal right except as it may subserve the common good.

The foundations of the present civilization were laid over two thousand years ago, and from that day to the present the predominant idea in the mind of the legislator and the statesman has been the pockets and the property rights of his constituency. The lesson ought to have been thoroughly learned long ere this.

Other questions in the last half century, such as education and questions of moral import, have been assuming a tangible shape, but the doctor in his field in the State of Ohio has failed to impress society with the necessity of intelligent care for their bodies through the channel of State supervision, and with this idea of the standard of excellence which it is desirable he should attain.

We have been treating this case symptomatically long enough, and it is wholly relevant at this juncture to institute a bureau of inquiry to ascertain the cause that the remedy may be intelligently applied—applied in the interests of good citizenship and by those loyal to the best interests of humanity or that phase of it for which they are best fitted by education and modes of thought.

It is the business of the physician in his professional capacity to look after the physical well being of society, and it is far more comprehensive than the popular estimate, which is that of prescribing powders and pills.

To say of a man after his career has been brought to a close that he was a good doctor is not putting it very much stronger than did the friend of the dead Dutchman when he said of him, "He was a jolly smoker," for the reason that he of necessity is a member of society, and must either assume

his responsibilities as such or exist simply as a sort of cormorant for his own gratification, contributing nothing to the common fund of improvement or profit.

If age lends dignity and experience begets wisdom, surely the profession of medicine can lay claim to both, and those who honestly and conscientiously devote themselves to this branch of human knowledge are entitled to the same consideration if backed by culture, stamina and personal worth.

It is a good thing for a physician to study himself individually, and as a representative of one of the factors of society to take in the whole landscape as it were with the mass of struggling humanity, and see wherein the world has been made happier and better by his labors. It is not wholly a matter of private gain, though that is an excellent stimulus to work, nor of individual greed, as that shuts one up in a little world of his own.

I trust I may not be understood as making any wholesale accusations, for I love the brethren, but as painting a picture of the fellow everybody knows and who is responsible for the estimate in which physicians are held, and who can not be lifted to the plane of his compeers except by legal enactment and who forms but a shaggy tail to the main body of the profession, impeding the wheels of progress by catching upon the brambles by the wayside, or dragging in the mire, which he scatters hither and thither, defacing the good impressions and marring the good influences otherwise made. The best way to purify the soul is to make confession.

If we, in our imagination, examine the picture carefully, we see the world has but little confidence in the physician. Wherever he is referred to in literature it is usually with a sneer at his calling. The press seems to consider the whole thing as a huge joke, and pokes no end of fun at us.

The invalid, thinking the farther away a physician lives or the larger the city in which he is to be found (a delusion the latter also fosters), the larger the brain and greater the skill he possesses.

From Belle Centre he goes to Bellefontaine, and from Bellefontaine he goes to Columbus and Cincinnati, and from Cincinnati and Columbus he goes to Philadelphia and New York, and from Philadelphia and New York he goes to Germany, where he is first scalpelled (I use the term as a sort of refinement of the practice of the American savage in time of war), then he is microbed and microscoped, and finally telescoped into eternity, but on account of the distance away it

has been done scientifically, the friends pay the bill and are satisfied.

We see the majority of people have but little concern about the mental qualifications or moral life of their usual medical adviser. A few effusive compliments, even from a heart reeking with moral turpitude, is a far better basis of future confidence than a whole lifetime of upright conduct and scientific research.

I have always felt that the fact that I had been reared in a Christian home and with an honest endeavor to exemplify the principles imbibed there during my childhood and youth was the poorest recommendation I ever brought into a Christian community.

Carrying the imagery a little further, we again examine the picture and see the physician at work.

Consciously or unconsciously, he is being moulded to fit the requirements of the community in which he lives because it pays. He agrees with everybody's opinions upon the subjects of politics, morals and religion.

He joins one of the churches of the neighborhood, and patronizes all the remainder "for revenue only."

He is par excellence what the old lady designated her husband, a "jiner."

He associates himself with every order organized, ostensibly for the general good of its members, to the exclusion of the common herd, thus making a travesty of human benevolence as well as offering insult to the church of the living God.

He instructs his patrons in the best methods of preventing conception, as well as assists in the destruction of a germ that would otherwise develop into immortal man. He writes prescriptions to help both the drunkard and the saloonkeeper evade the law.

Joab-like, he takes his cousin Ashael by the beard, implants a kiss upon his lips, stabbing him at the same time under the fifth rib.

He magnifies little things that he may appear great by comparison. He explodes upon every possible occasion, emitting a shower of linguistic gymnastics, like a pyrotechnic whirligig, and which constitutes his entire stock in trade.

He dabbles in the slimy pool of politics that he may gain preferment in the way of securing an appointment that a little medical knowledge will enable him to hold.

You see him strutting up and down the neighborhood in which he lives in a rut worn so deep that there is nothing to

be seen of him at the distance of a square away but the crown of a silk hat, very old and very shabby. To-day, after more than a quarter of a century since its author has openly acknowledged the sin of his error in every city and village or hamlet where there are a half dozen physicians congregated, some of them are yet treating typho-malaria fever, and fifteen years after Gen. Woodward's disclaimer I was instructed in one of our State institutions by a State appointee as to its pathology and differential diagnosis.

This leads up to a criticism of the medical teaching of the past few decades. The student of medicine is looked upon as a sort of steel trap, into whose teeth is flung an aggregation of what is accepted as facts, expecting him to grasp and utilize them in his work. He does utilize them, and too often continues to utilize them, and in ten years' time he becomes a back number and remains an obsolete figure during the remainder of his days; or he in turn tucks them away in an artificial receptacle on either side of his maxillaries, which gives him only the appearance of wisdom, being then ready for an onslaught upon a credulous public through the columns of the newspaper. The exact circumstances under which the facts were presented recur but seldom in the lifetime of any individual, therefore a proper conception of an ideal preparation for the practice of medicine is the cultivation of habits of study and investigation, keen observation and acute perception, sound reason and good judgment, or in other words, to create the ability to prove all things and hold fast to that which is good, together with a knowledge of the elementary principles upon which our science is founded and upon which any well-rounded and well-developed man can rear a magnificent structure as the result of his life-work.

Taking a last look at the picture, you see him in the halls of legislation in the capacity of a law-giver, being guided by the same motives. But this same Moses has forgotten to eliminate every principle of selfishness out of his being, and while the eyes of a waiting people are riveted upon him he is being weighed in the balance and found wanting.

He is not now doing a work the three-fourths of which is known to no one but himself, but one that must be reviewed by a competent tribunal, and upon which its members are capable of passing intelligent judgment.

An intellectual and moral force in the world, in order to carry weight with its teaching, must possess the consciousness of character, but the excrescences herein portrayed robs the profession of that consciousness and renders abortive almost

every attempt in lines auxiliary to their work and in which its members are interested as citizens.

When the inducement to excel is of a monetary character or that which procures fame, men will bend every energy to accomplish the desired result, but ours is philanthropic and moral, and, in consequence, too often fails to develop the best energies in mankind on account of lack of proper motives.

Notwithstanding these discouragements, the physician has accomplished much, not only in the way of mitigating human suffering and death through the medium of State authority, but much remains that ought to be done, some of which we will specify briefly.

The first is to bring, if possible, the medical service of our benevolent and reformatory institutions under State regulations similar to that known as "civil service." That this service is made the subject of rise and fall with the tide of political fortune is the regret of every honest physician, and works only evil, for the reason that it takes away every inducement to excel, and makes the service liable to every abuse that the mind of man can conjure. The standard of availability ought to be judged from the standpoint of the physician, rather than that of the practitioner.

Again, physicians owe it to themselves and to society to rescue the question of expert testimony from its present status of ignominy.

Expert medical evidence is the one thing that brings the blush of shame to the cheek of every honest man; coming as it does from among the best intellects of the profession it is used largely to overbalance the scales of justice on the side of wrong and proves one of two things, either that men are incapable of rendering an unbiased opinion when a good fat fee is in prospect, or that medical opinions are to be bought and sold like so many stocks and bonds in the market.

But the great work of the physician in his civic relations is to instruct the commonwealth how to secure immunity from disease.

The European, receiving the proper recognition from his government, has labored faithfully, and while time has failed to confirm the correctness of some of his conclusions, substantial progress has been made and brilliant results have been secured.

* * * * * * * * *

What is the sense of the State issuing to a habitual criminal a license to marry, thus sanctioning the production

of an offspring that is almost sure to follow in the footsteps of their ancestors; or to a syphilitic, or an inebriate or dipsomaniac, that his progeny may only fill our almshouses, our asylums and our penitentiaries?

But the consumptive has committed no crime against the State, and the fact of his existence is no fault of his own. It is simply a question of whether his existence is a menace to society, to be dealt with on the ground of expediency.

It seems to me that the facts do not warrant the assumption that he is to any serious extent outside the limits of home life where exposure is continuous under all the mental and physical vicissitudes, with its consequent variation in the processes of nutrition of which the human body is capable. However, if the facts of observation teach us anything it is that wedlock with a tuberculosis subject is only a sort of death-trap in a large percentage of cases, into which people enter unconsciously and innocently. The physician's advice is seldom if ever treated seriously by the candidate for the marriage relation for the reason that he is being impelled by motives of sentiment rather than sense, so that the moral influence of the physician in this direction goes for practically nothing, and whatever is to be gained must be through the channel of legal restraint.

It is humane to protect ourselves from needless exposure to danger, and we at least go through the form of inspecting immigrants in order to exclude the pauper, the criminal and the victim of contagious disease from our shores, forgetting the weightier matters of the law that are idiopathic, and it would be only justice if society would insist that he who embarks upon the tempestuous sea of matrimony should carry with him the evidence of a clean bill of health, that he do not scatter along the track of his voyage moral and physical pestilence to "the third and fourth generation."

"The difference between an ideal and its realization confronts us in every relation of life, but is most apparent in those callings in which a high standard of ideals is a necessary postulate of the successful prosecution of an otherwise not too pleasant or too profitable series of duties. Nowhere is such a high ideal standard more necessary than in the practice of medicine. Dealing as it does with the deformities, the diseases, the vices of mankind, it throws into the background the æsthetic and pleasing side of life. We need less medical students and less doctors; so that the greater material ease of the doctor's life may leave him leisure and

Quot homines, tot Sententiae; suus Cuique Mos! Phormio, IJ. 3

taste for the prosecution of those works and studies by which the health and longevity of mankind are promoted."

So many men, so many minds. Every man in his own way. —*Terence.* Phormio, IJ. 3, 14.

THE OLD VILLAGE DOCTOR.

They asked him out for dinner to their city club one night,
And warmly shook his hand and placed him at the honored right;
Professors, surgeons, specialists, sat round in broadcloth suits;
And he felt stiff and awkward in his tweed and muddy boots.

He was a country doctor, and his hair was white as snow;
One of the old profession, who practiced years ago,
Out in the smoky clearings ere life became so fast;
One of the last survivors of a race that's almost past.

He couldn't clearly understand all that he heard them say,
For medicines had changed so much since his empiric day;
And so he sat in silence, gazing with uneasy eyes,
And tried to look, as doctors do, unfathomably wise.

Amid the clink of glasses and the aromatic smoke,
The long chain of remembrance from forgotten years awoke;
And when they drank the old man's health with deference sincere,
He could not see their faces, for their kindness brought a tear.

"I thank you, gentlemen," he said, "your kindness reassures,
And makes me think you of my time, or think myself of yours;
And yet an old physician of a rude unlearned day,
In such a gathering as this cannot have much to say.

"For all is changed since I began, and nothing is the same;
You've given each old familiar ache a new Hellenic name.
On horse-back twenty years, and in my sulky twenty more,
I practiced in three counties, and was known at every door.

"The early pioneers were sometimes ignorant and poor,
But still I tried to do my best, for it was kill or cure.
The cholera lurked in our midst, ship-fever and despair,
And pus was not as laudable as my intentions were.

"In chronic pleurisy I used to fill the sack with port,
The fever and the ague were mere intellectual sport;
I opened lumps and felons with a cheerful, hopeful face,
And amputated at the knee with a peculiar grace.

"I've forded winter streams, not once, beneath the midnight stars;
I've wakened when the horse I rode stopped at the homestead bars.
My day's work in those early years perhaps will make you smile—
I've made a hundred visits and I've covered fifty mile.

"For ten years past I've tried my best to quietly retire—
They do not need me any more—and rest the old desire;
And so I give each college lad who sets up in the spring
A helping word, but it is always just the same old thing.

"As long as it is ringworm or a bit of chicken-pox,
They call the civil young man in, and listen while he talks;
But when it is lung-fever or typhoid it's sad to see
The foolish way they have of posting out of town for me.

"I say I'm an old fossil, but they smile and will not heed,
And yet, thank God, I think I've sometimes cheered them in their need.
There are worse things than sickness, and I've striven all my life
To help the poor—a thing I could afford—for I've no wife.

"No—Amy Barnerd all the distance from New Hampshire came
To share my house and hold my heart and take my honest name.
The cholera was raging then—way back in thirty-four—
And she grew pale and sickened ere we entered at the door.

"She died there in the woods with me, there was no soul in miles,
She died there, looking up at me so ghastly in her smiles.
I buried her beneath the trees—she whispered that I must!
From ashes unto ashes, and from dust to quiet dust.

"And so I worked the harder to forget. The years rolled by,
The forests slowly disappeared, the swamps were drained and dry;
And all is new and strange to me, who, while old customs wane,
In a new order of ideas confusedly remain.

"Linnæus is forgotten now; no prudent hand disturbs
The simples that we used to prize, and irritating herbs,
We used to bleed them in the arm, but you the plan reverse,
And spare the supplicating arm to bleed them in the purse.

"We weren't bacteriologists, but yet we understood,
Somehow, life's secret sympathy, and did the poor souls good,
Wherefore I sometimes fancy, though from pride I must refrain,
That taken so, with all our faults, we did not toil in vain."

REGULATIONS OF HIPPOCRATES FOR EDUCATION OF PHYSICIANS.

Hippocrates, a lineal descendant of Esculapius, and of the family of the Aesclepiadæ, born about 460 A.U.C., and a contemporary of Plato and Socrates, left these precepts as especially worthy of adoption :— B C. 752

1. Because our life is short and our art (very) long, a boy must be taken in early life.

2. Examine whether his genius be adapted to the art.

3. Has he received from nature an exquisite discernment, a sound judgment, a character in which mildness and firmness are combined, that he may sympathize and suffer with the sufferings of others—that he may naturally feel the tenderest commiseration for the woes incident to his fellow mortals?

4. He must combine the love of labor with the desire and emulation of all that is amiable and praiseworthy.

5. Let him practise the manual operations of surgery.

6. Let him study the whole circle of science.

7. Let him travel and extend his knowledge through different countries and cities; let him observe the difference of airs, and waters which are drank;

8. The eatables, which are the principal food of the inhabitants; and, in one word, all the causes which may occasion disorders in the animal economy.

He must know by what preceding signs maladies may be known, by what regimen they may be avoided, and by what remedies cured.

Experience is less dangerous than theory without experience; for it is not in the dust of schools, nor works of the philosophers, that we can learn the art of interrogating nature. and the still more difficult art of awarding her answer.

You must conduct him to the abodes of pain, already veiled with the shades of death, when nature, exposed to the violent attacks of the enemy, falling and rising only to sink

again, displays to the attentive ear her wants and resources.

The disciple, as he witnesses this terrible combat, shall observe you watch and seize the instant which may decide the victory and save the life of the patient.

Well named "the Homer of Medicine" was he the author of such instruction to those who not only will study, but endeavor to overcome "maladies of ghastly spasms, or racking tortures, qualms of heart-sick agony, all feverish kinds, convulsions, epilepsies, fierce catarrh, intestine stone, and ulcer, cholic pangs, demoniac phrenzy, moping melancholy, and moon-struck madness, pining atrophy, marasmus and wide-wasting pestilence, dropsies and asthmas, and joint-racking rheums," as Milton so elaborately describes.

Quae vetustissima creduntur, nova fuere; invetereascet hoc quoque, et quod hodie exemplis tuemur, inter exempla aliquando erit. —Tit. liv.

Primoque medendi scientia,
Sapientiæ pars habebatur,
Rationalem quidem puto medicinam esse debere.
—Celsus,

METHODS OF MEDICAL STUDY.

Each individual who learns to study, develops a method peculiar to his personality, his condition and his aims. One of the most important objects of a general training is to enable the individual to ascertain the best methods, as well as objects, of study. In this respect the methods of others are instructive.

Dr. Herman Knapp says that the following was Helmholtz's method: When he got a pamphlet he examined the title, the introduction, and so much of the first pages as was necessary to see what the author was aiming at. Then he laid the pamphlet aside, and worked out the problem stated by the author in his own way. When he had found the solution he compared it with the pamphlet, to see if it corresponded or not. If it did not, he went over the pamphlet to see whether he or the writer was correct.

It is evident that this habit of study developed original thinking. Books and pamphlets were simply of use to Helmholtz as furnishing problems upon which he trained his own powers. Indeed, we are certain that the adoption of this habit would render more powerful, acute and accurate, the thinking of any person. If it were applied to medical journal articles, we fear that often nothing would be found in the introduction.

Another habit of study, practised by most to a greater or less degree, is by an analysis of writers. For our purpose, writers of medical books and papers may be divided into three classes. The first class never say anything of value that has not been said far better hundreds of times before; the student makes a list of these, and passes without notice every book or article written by a name on this list. There is a second class, that sometimes say a good thing, and occasionally make a correct observation. If the student has plenty of time to gather out the wheat from the abundant chaff, he may read the books and papers of those on this list, but if his time is limited he would better avoid them. The third class includes those who never speak or write anything unless they have something to say, and who take such pains to prepare it that the reader easily collects the instruction.

A vast amount of valuable time is wasted in the endeavor to properly classify those who write and speak. Once classified, they are readily disposed of. Medical writers, we suspect, forget to take into consideration the class into which their readers are likely to put them.

It is the world's misfortune that so many books, practically worse than worthless, come into existence yearly. A little care by each student in the direction indicated will materially assist him in "separating the wheat from the chaff."

THE MEDICAL PROFESSION AND THE LAITY.

Two opposing facts co-exist regarding the duty of the public to the medical profession: One is, that the last two decades have witnessed an unexampled advance in the science and practice of medicine and surgery amounting almost to a revolution, and the other, that the popular mind is daily growing more prone to return to old superstitions in medicine, or to invent new ones even more absurd. Side by side with the astounding achievements of bacteriology, of antisepsis, and of skiagraphy, we have the inane drivel of "Christian Science" and the ridiculous pretensions of "osteopathy;" and the public seem to be about as much impressed in one direction as in the other, and entirely incapable of forming a rational judgment.

That blame attaches to the medical profession for this anomalous situation cannot, I think, be successfully denied. No idea, however meritorious, is ever sufficiently championed by those not directly engaged in its development. No subject

will ever be thoroughly understood by the world, or fully enlist the interest of the public, unless those most conversant with it will act as educators in its behalf. And this, I believe, is the explanation of the failure of scientific medicine to obtain that hold upon popular recognition and respect which it obviously deserves, while the most impudent and absurd parodies are eagerly accepted by a credulous public. For this ignorance who is responsible if not the medical profession itself? We have been content to develop our science by original investigation and by accumulation of clinical experience, and to keep the results to ourselves as if they had no interest for those without the pale; and this attitude on our part has been met by a corresponding attitude of the world at large. The world has outgrown the mental habits of the scholastic age, and refuses to accept important conclusions on the simple dictum of "authority." It demands to be taken into the confidence of the schoolmen and at least to have the compliment paid it of being thought competent to understand what it is asked to believe. In all other branches of science this is freely accorded. The utmost publicity is given to each new discovery, and the principles involved are fully discussed in popular language for the benefit of the public. Only in medicine is it considered unprofessional and undignified to give out anything to satisfy the interest of the laity in matters concerning which they are assumed to be incompetent of judging.

A dead language, even, is employed in writing prescriptions. Consultations are conducted in secret, and conversation between medical men in the presence of a layman is veiled in technical terms which are calculated to inspire him with awe, or, perchance, distrust. Popular writings or popular lectures on medical topics are frowned upon as ill-disguised attempts at advertising. It seems to be no concern of the profession that the public should have correct ideas in regard to medicine, or in fact, any ideas at all.

Contrast with this the methods of, for example, Christian Science. Here all they have is fully discussed, the only trouble with them being that there is so little of it. If they had more they would tell more. Their candle is not hid under a bushel, but put upon the highest candlestick they can command. Their principles, such as they are, are open to inspection, and many people imagine that they find them sufficient and conclusive. There can be no doubt, at all events, that they are thoroughly interpreted by those who stand for them.

To very many fairly intelligent persons this open discussion, however unsound the premises may be, appeals more

strongly than the shadowy glimpse they are able to obtain of legitimate medicine. And this will come to be more and more the case unless the profession awakens to a sense of the obligation that rests upon it to impart to the public the information needed for a correct judgment upon matters of this kind.

Papers and lectures in popular language on medical subjects, by medical men of recognized position and ability, and published by the daily press, could be made extremely valuable in bringing the profession and the public into mutually helpful relations. An intelligent comprehension of what medicine has accomplished and what it aims to yet accomplish, together with its necessary limitations, would remove a great deal of popular misapprehension. This misapprehension includes in about equal proportion extravagant ideas of what medicine can do, and skepticism as to its ability to do anything. It is certainly very desirable that the laity should be able to settle down to a just medium between these extremes. It is as regrettable, for instance, that the notion should find credence that the X-ray has opened to view all the morbid phenomena occurring within the body, as that the idea should take possession of the public mind that in reality we know little or nothing about these phenomena.

The world has a right to know, and it is our duty to tell just what progress we are making day by day; the steps by which results are obtained, the difficulties we meet, the uncertainties which are still to be cleared up, the problems which are pressing for solution; even the errors we have fallen into in making our deductions. Such a frank and open course would command confidence and silence criticism and blatant charlatanry, and thus open the way to greater liberality of feeling and a more complete fulfilment of the duty which the public owes to the medical profession.

It is a saying that he who sets himself before the people as a Reformer or Saviour, generally suffers revilement or crucifixion, exemplifying the adage of the Spanish: "El que se mete de Salvador aceba por crucificado," and although the health of the people is the supreme law, it is not nor ever has it been necessary to make the daily press an exponent of our knowledge. The publication of such works as "The Family Doctor," "Medical Adviser," &c., injures legitimate medical progress, and we have failed to learn that such works have done any real good to the dear people.

Written or unwritten ethics, ancient or modern records, or professional interests, do not demand of us, who have at our own expenses qualified ourselves as doctors, to thus publicly throw pearls to the swine. We have enough traitors among us without calling for recruits, and popular delusions thrive under intelligent persecution.

AN ASCETIC'S LAMENT.

Audi, doctor, me clamantem,
Trista voce lamentantem!
Aqua horrida interna
Ventris plena est caverna!
Diaphragma, in thoracem
Aquæ vi impressum, pacem
Rapit jam pulmoni, omnes
Fere noctes sunt insomnes,
Nunquam autem tulit venter
Meus aquam-phy! libenter!
Ergo doctor fac me salvum,
Aqua liberando alvum,
Ne sis Fabius Cuncator,
Veni Medicus Punctator.

THE IDEAL PHYSICIAN.

HE MUST BE NEARLY PERFECT TO FULFIL ALL THESE REQUIREMENTS.

According to a writer in the Contemporary Review, the physician should be a strong and healthy man, a master of his profession, of course, and a gentleman; the last word implying gentle manners and a fine sense of honor. His approach to the sick chamber should be like "footsteps upon wool," and his presence therein a benediction. Strong in his knowledge, firm but gentle even to womanliness in his touch, magnetic in his sympathies, discreet of speech, sincere in counsel, he would always inspire not only the relatives but the patient with confidence and gratitude. If the case were not serious the loss of prospective fees would not prevent his mingling his sincere pleasure with that of the relatives; if it were past hope his sympathy would make the terrible affliction easier to bear. Would it be impertinent to ask how many American members of a noble profession satisfy these requirements? The medical profession in America abounds with competent and honorable men satisfying some of them. Some have the knowledge and experience without the more graceful qualities. Others have the social accomplishments. It is better to have honesty and ability united, even with a degree of rudeness, than to have all the social graces in the world without the necessary skill. A doctor may be a bear in manners, yet, if he keeps death from the door, his attentions cannot only be tolerated, but gratefully accepted.

THE DOCTOR.

Of all lives the life of the physician is the most self-denying. He has no time that he can call his own. His home is his office, and furnishes him no sweet retreat from irksome care. The night can never assure him unbroken rest. Sundays are often, whether he will or no, his busiest days. He has no holidays, and few and fragmentary vacations. Friendship furnishes him fewer solaces than to other men, for his friends are generally also his patients. He meets men in their morbid conditions—when they are sick and miserable; when they are well he knows them not. He can hardly make a friendly call without the hazard of having it converted, before the evening is over, into a professional one. He fights a battle in which, no matter how many victories he wins, he is sure to be defeated at last—for he is fighting death. And when the defeat, which must come sooner or later, does come, he is fortunate if unreasonable friends do not charge the defeat upon his lack of science or of care. But no man renders a more grateful service; no man comes nearer to our hearts; no man is more beloved. Other services may be as great, but none is more deeply and tenderly appreciated. He summons back from death the child, and puts him in his mother's arms; the wife, and re-unites her to the husband. No fee can ever compensate for such a service. He to whom it is rendered is forever debtor to the doctor.

THE MODERN PHYSICIAN.*

BY PROF. ERNEST LAPLACE, M.D.

"Medicine will be thoroughly different from what we have called it heretofore."

These words, delivered from the lips of Lister, form my text for this evening.

Mr. President and Gentlemen,—Let me express my appreciation of the kindness by which I was asked to address you. I make this abrupt introduction advisedly, for I felt that should my humble voice, in this distinguished presence, find courage for no more than the opening sentence, I would withdraw with courtesy on my lips and grace in my heart. But, permitted to catch my second breath, let me say that I feel my personality lost in the grandeur of the cause I bespeak,—the radiant grandeur of medicine's progress,—in

* Delivered before the Alumni Association of the Medico-Chirurgical College at the Annual Meeting, April 9, 1890.

achieving which we trust the Medico-Chirurgical College will play an active part.

In the practice of some of the ancient universities of Continental Europe, it was the custom to award the medical graduate a ring, a barette, an open and a closed book. The ring betokened his solemn espousal to the medical profession; the barette signified his consecration as a priest to science; the open book represented the things already taught him; while the more significant closed volume was meant to typify that vaster and far more important stock of professional knowledge which it was still the purpose and business of his life to acquire.

While our colleges do not follow that ancient custom, still they award, with equal solemnity, to the safe-keeping of each of their graduates, a parchment certificate, entitling them to diagnose and treat the many ills that afflict the human race. In it is also embodied that book of unscanned knowledge which the Faculty hopes her graduates will always keep before them, learning to unravel its contents. This is the knowledge we should covet most. It will not be ephemeral; but, born in the sanctuary of our own minds, it will dwell there, treasured in its most favorable *habitat*, ever in readiness, a guiding spirit in our professional lives. It is this knowledge, based upon the results of accurate observation and experimental research, which distinguishes that notable figure among men—the modern physician.

We are bewildered, as it were, when we reflect that true scientific medicine is a modern institution; that for ages men groped their way in the dark, without daring to dissect a human subject; that the most absurd ideas as to its mechanism and construction were entertained. The edicts of Galen held undisputed sway for ages, while the only mode recognized or known to the dignitaries of Rome to avert a pestilence was in erecting a temple to Æsculapius or driving a nail in the Capitol. All the grandest discoveries have been the outgrowth of a few centuries, and this should be an incentive to push still further and penetrate still deeper into the recesses of Nature, seeking her innermost haunts, and exposing to the broad light of day her most favored secrets. For Nature is a beneficent mother; she sends us not the thousand ills that torture us, but, on the contrary, if we but listen to her mystic voice, we will learn that we ourselves are our persecutors; and for a safeguard she sends us medicine's youngest and most radiant offspring,—hygiene, or the science of the prevention of disease.

The modern physician, therefore, has a still higher duty to perform than the mere administration of a medicine or of some sweet, oblivious antidote. It devolves upon him, as a sanitarian and a benefactor of humanity, to prevent disease and to instruct the people in the result of his observations. This fact has already been realized, and the establishment of boards of health and sanitary associations fully exhibits the interest of the people in the necessity of such institutions. For, with all the boasted knowledge of our age,—when thousands can inform you in geology, the motions of the planets, the correllation of forces, can quote or read Virgil and Homer perfectly,—there are but few who are actually acquainted with the simplest sanitary laws. In customs, habits, diet, dress, the dictates of Nature are set at naught; hence, where health should exist, disease too often holds sway. This should not, ought not, be the case, and the only remedy lies in the diffusion of the proper knowledge among the masses.

The astonishing age in which we live should make the modern physician essentially a scientific man. His is the study of man "fearfully and wonderfully made." He sees that disease is but a step from health and but a step to the grave, so that unless his mind has quaffed deep draughts from the Pierian springs his efforts may be set at naught. For to-day science regenerates the world and elevates man above the pettiness of every-day existence. The geologist, diving to the very depths of the earth and studying the various strata composing it, has surely a grander idea of the formation of the world and of the eternal forces that have produced it than ever philosopher of old. The physiologist, studying the wonders of the human form, sees more beauty in the body of man than the greatest of Grecian sculptors ever dreamed of. The chemist, subjecting matter to the test of the crucible, sees forms crystallized into being by the eternal chemistry of God. Spectrum analysis promises to reveal things as yet unrecognizable; while the anatomist and pathologist, microscope in hand, wait upon Nature at her very fountain-head, and gaze, as it were, upon formative creation. Thus the names of Virchow, Pasteur, Koch, and Lister stand out in bold relief among that noble army of investigators who have placed medicine upon a truly scientific basis. Hence, the distinguishing features of our modern medical institutions should be the excellence of their practical teaching in the way of exceptional clinical and laboratory advantages. For, the senses being so many God-given avenues of knowledge and perception, it follows that knowledge, acquired by exercising the five senses at

the same time, will be better assimilated and more lasting than a theory which has simply been heard in a didactic lecture.

Taking a firm stand for higher medical education, our college has strongly advocated a sound preliminary education, together with laboratory teaching; and I must say that the grateful appreciation of this still further course by the students encourages us to push our efforts in this direction, especially as regards the plain demonstration of the relation of micro-organisms to disease, or the science of bacteriology. The mine of precious knowledge covered by that name has but lately been discovered; it is the soul of hygiene, and its daily progress gives promise of great light upon hitherto unexplainable conditions of disease. To-day most diseases are known to be due to micro-organisms, or germs which develop within us, producing disturbances, both mechanically and by the reabsorption of poisons incident to their growth. Thus much has been learned on the nature of contagious and epidemic diseases, and later researches give promise of their successful prevention in the near future.

Surgery, under the guidance of antisepsis, has emerged from the lowest to the highest position in medicine, and her triumphs still continue.

Truly, we appreciate that the only "proper study of mankind is man," and that less attention is to be paid to mere abstractions; and, furthermore, that to the physician the possession of a solid education and sound common sense is far more important than an illogical mind crammed full of technicalities.

Finally, the modern physician must recognize more than ever the power of woman's hand in the treatment and cure of disease. She is always welcome,—in the halls of festivity as in the chamber of death; weak in body, but strong in soul,—in the midnight vigil, in the silent fight for life,—the doctor's second self. Trained in the art of nursing the sick, and possessing by nature special aptitude for works of mercy, her eyes often beam with a look of cheerfulness she cannot feel; and she throws a ray of gladness around the sufferer's couch, robbing disease of half its misery. It is a rare privilege to take a part, however humble, in fostering that science whose only aim is to keep the rosy hues of health in every home, making life worth living. We, of the medical profession, are the active workers, but you (in whose hearts this sentiment should find a responsive echo, for disease has surely knocked

at your doors, and pierced your hearts with a wound that knows no healing)—it lies in your power to help us in attaining our end, by aiding our medical institutions in their efforts to give a good practical and scientific education to their students.

When the laity becomes acquainted with our work; when they realize that, as science progresses, medical education must likewise acquire a higher standard (and this can be obtained only by hospital practice and laboratory work), then will they realize that it is in their power to increase these facilities by an endowment, and become, in the widest sense, benefactors of humanity: they will have fostered science by feeding the mind, and spread charity in health and comfort to their suffering brethren.

For, next to a man's right to breathe the pure air of heaven, is a man's right to enjoy the blessings of health. To this end, the Almighty, having summed up, in man, the refinements of all creation, and breathed into this perfect mechanism a spirit like unto His, has intrusted its harmonious working and utmost preservation to us of the medical profession. He that made us all, loves us all, both rich and poor. Hence the modern physician, being, above all, a humanitarian, must spare no endeavor to procure, as far as his influence may reach, for the poorer classes, the same comforts in treatment as heaven has blessed us with. Philanthropy and charity, therefore, "earth's link to heaven," should be his predominant characteristics, though he may often meet with the sore experience that

> "God and the doctor we alike adore,
> Only in danger, not before;
> The danger over, both alike requited,
> God is forgotten, and the doctor slighted."

Thus it is, gentlemen, and more especially those among you who are about to embark upon the practise of your profession, and whom I have the honor to address as alumni for the first time this evening. Finding in you the type of the modern physician, I would see you rise, step by step, through this crowded and envious pathway to the top, where, according to Webster, there is plenty of room. Thus it will be: as you all take rank, you will remember the happy scenes of your first labors in medicine, your alma mater. I would see her famous by the borrowed fame of her alumni. I would see them banded firmly together, working ardently and constantly for the advancement of medical science, their own interests, and the continued welfare and prosperity of the parent college.

THE OLD DOCTOR.

By George J. Monroe, M.D., Louisville, Ky.

A physician's occupation appears to be somewhat paradoxical. He is either bringing some poor, miserable wretch into this wicked, sinful world, or is laboring to prevent others from leaving it for a better. Into what close relationship is he brought with the people! What responsibility is his! How many a tale of joy, gladness, hope, and pleasure, or sorrow, sadness, suffering, and despair he could tell! How many family histories he could relate! How many skeletons he sees in the family closets! Of how many confidences and secrets is he made the repository! How many a home has been cheered and made happy by his presence! How many a bitter heart-ache has he witnessed! What is more gratifying or satisfactory than to hear the old doctor, in whom the utmost confidence is placed, say "he" or "she is better and will get well"? A house where has been sorrow, grief, and tears for days, where a loved mother, mayhap, has been thought dying, and the good old doctor pronounces the crisis past, that she will get well and be spared to her family. Oh, what a change comes over this family! Joy almost unbearable enters every heart. When a father has been near the great unknown, and the distracted and nearly heart-broken wife and weeping children have thought their stay, comfort and support was about to be taken away from them, and the doctor at his morning visit says "better, will get well," what gladness takes possession of every one at these good tidings! Yesterday was dark, gloomy, and sunless; to-day not a cloud is to be seen, not even a mist, but beauty, sunshine, and perfect joy and light. When a little child is at the grave's brink, and the force of a thistle-down wafted on the breeze would appear to be sufficient to convey it to the other world; when the windows are shaded and the streets covered with straw, that no light or noise may act as a disturbing element to the little sufferer; when even the doors are left ajar, so they may not grate upon their hinges; when the mother reflects how drear and desolate the home will be without the little prattler whose voice will he hushed until the resurrection morn,—the fountains of tears well up to overflowing and the sobs and sighs cannot be suppressed; that mother prays as she never prayed before that her child may be spared,—the very heart-strings are nearly broken. The old doctor arrives and finds the child breathing easily, its skin moist, the fever gone, and

sleeping quietly. He pronounces the talismanic words, "better, will get well." Oh, then there is joy and thankfulness in that household! A peaceful calm comes upon them; almost a glorified radiance covers the mother's face. It is then that the tear-fountains overflow with joy and gladness, and not with grief. What a difference there is between tears of sorrow and sadness and those of joy and gladness! The one kills; the other brings to life. Oh, how anxiously and closely we scan every expression of the old doctor's face and listen to his every word when he is at the bedside of our sick! He is a harbinger of joy or sorrow to many a heart. Long live the kind, good, old doctor!

"Out of olde feldies, as man saieth,
Comith all this newe corne from yere to yearn;
And out of olde bokis, in good faithe.
Comith all this newe science that menne learn."

—*Chaucer.*

"DOC SIFERS."

(Read at the banquet of the Indiana Medical Association.)

Of all the doctors I could cite you to in this ere town,
Doc Sifers is my favorite, jes' take him up and down;
Count in the Bethel neighborhood, and Rollins, and Big Bear,
And Sifers' standin's jes' as good as ary doctor's there!

There's old Doc Wick, and Glenn, and Hall, and Wurgler, and McVeigh,
But I'll buck Sifers 'ginst 'em all, and down 'em any day;
Most old Wick ever knowed, I s'pose, was whisky; Wurgler —well
He et morphine—ef actions shows, and fact's reliable!

But Sifers—though he ain't no sot, he's got his faults; and yit
When you git Sifers onct, you've got a DOCTOR, don't fergit!
He ain't much at his office, er his house, er anywhere
You'd natchurly think certain fer to ketch the feller there;

But don't blame Doc—he's got all sorts o' cur'ous notions, as
The feller says—his "odd-come shorts," like smart men mostly has;
He'll mor'n like be potter'n 'round the blacksmith shop, er in
Some back lot spadin' up the ground, er gradin' it agin;

Er at the workbench, planin' things, er buildin' little traps
To ketch birds; galvenizin' rings, er graftin' plums, perhaps,
Make anything, good as the best— a gunstock, er a flute;
He whittled out a set o' chessmen onct o' laurel root.

Durin' the army—got his trade o' surgeon there—I own
To-day a finger-ring Doc made out of a Secesh bone;
An' glued a fiddle onct for me—jes' all so busted you
'D a-throwed the thing away, but he jes' fixed her good as new.

And take Doc, now, in ager, say, er biles, er rheumatiz,
And all the afflictions thataway, and he's the best they is;
Er janders—milksick—I don't keer—k-yore anything he tries—
An abscess, gatherin' in yer yeer, er granilated eyes.

There was the Widder Daubenspeck, they all give up fer dead;
A blame cowbuncle on her neck, and clean out of her head!
First had this doctor, what's his name, from "Puddlesburg," and then
This little red-head, "Burnin' Shame" they call him, Dr. Glenn;

And they "consulted" on the case, and claimed she'd haf to die,
I jes' was joggin' by the place, and heerd her dorter cry,
And stops and calls her to the fence, and I-says-I, "Let me
Send Sifers—bet you fifteen cents he'll k-yore her!" "Well," says she,

"Light out!" she says. And, lip-tee-cut, I loped in town, and rid
'Bout two hours more to find him, but I kussed him when I did.
He was down at the gunsmith shop a-stuffin' birds. Says he,
"My sulky's broke." Says I, "You hop right on and ride with me."

I got him there. "Well, Aunty, ten days k-yores you," Sifers said;
"But what's yer idy livin' when yer jes' as good as dead?"
And there's Davy Banks—jes' back from war, without a scratch—one day
Got ketched up in a sickle-bar—a reaper runaway.

His shoulders, arms, and hands, and legs, jes' sawed in strips; and Jake
Dunn starts for Sifers—feller begs to shoot him for God-sake!

Doc 'course was gone, but he had penned the notice, "At Big Bear;
Be back to-morrow; gone to 'tend the Bee Convention there."

But Jake, he tracked him; rid and rode the whole endurin' night,
And 'bout the time the roosters crowed they both hove into sight.
Doc had to amputate, but 'greed to save Dave's arms, an' swore
He could a-saved his legs if he'd been there the day before.

Like when his wife's own mother died, 'fore Sifers could be found,
And all the neighbors, fer and wide, a all jes' chasin' 'round,
Tell finally—I had to laugh, it's jes' like Doc, you know—
Was learning for to telegraph, down at the old dee-po.

* * * * * * * * * *

But all they're faultin' Sifers fer, they's none of 'em kin say,
He's biggety, er keerless, er not posted, anyway;
He ain't built on the common plan of doctors nowadays;
He's jes' a great, big, brainy man—that's where the trouble lays!

—*James Whitcomb Riley* (the Hoosier Poet).

A DEFINITION OF MEDICAL PRACTICE.

John Hunter said that "definitions are the most damnable things," and certainly the definition is often by far the most troublesome part of a proposed legal enactment. A Kentucky judge has recently given a definition of medical practice which seems to be fairly satisfactory. In pronouncing sentence upon an "osteopath" who was convicted of having subjected a child suffering from tuberculous disease of the hip-joint to cruel and unnecessary torture, he laid it down that "any person who for compensation professes to apply any science which relates to the prevention, cure, or alleviation of the diseases of the human body, is practising medicine within the meaning of the statute." This concise definition is probably comprehensive enough to include every form of quackery.

THE ART OF HEALING AND THE SCIENCE OF MEDICINE.

BY J. G. ADAMI, M.D.

[Extract from an address delivered on the occasion of the laying of the corner stone of the New Medical Building of the University of Michigan, Ann Arbor.]

What is our object in medical education? That object is to develop, or attempt to develop, the ideal practitioner. It is not merely to develop a learned man, but to develop one who shall so bear himself in all his relations that he will be a credit to himself, his alma mater, his profession and his country; who shall be, in the first place, of the greatest possible service to those of suffering humanity to whom he ministers, and not only that, but shall be an influence for good in improving the conditions of life in the community in which he practices; who shall so minister that he aids and strengthens his fellow-workers and raises the standard of our profession as a profession; who shall add credit and lustre to the school which has produced him, and lastly, who in all his relationships shall so bear himself that at the end of the day's work—as at the end of his life's work—he shall feel within himself that he has done his duty loyally and has earned his rest.

It is difficult to picture forth the ideal practitioner, nor shall I attempt it. Each of us, I doubt not, has his own idea of that ideal. In the words of Pythagoras, "There are two things which must ennoble Man, and make him to resemble the gods—to know the Truth and to do Good." The ideal practitioner of all men, it seems to me, most constantly attempts to exemplify this saying and to live the noble life. High character, good manner and marked capacity play important parts in our ideal of what he should be.

Now, character, manner and capacity, each and all, are in part inherited, in part capable of acquirement. It is not given to everyone to be, or to become, a capable and adequate physician; he can only become such who is born to the work. In a recently published life of Sir Benjamin Brodie, you will see this called in question. Brodie is quoted with approval as stating that he had no interest in medicine as such when he began his career as a student; he pooh-poohed the idea as to there being any special call to our profession; all that was necessary for success was a strong sense of duty. Possibly Brodie is right, but I doubt it. Apart from the fact that while I freely admit that he was a most popular and most

A Production Address of Lister 1876. at Edinburgh.

"If we had nothing but pecuniary rewards and worldly honours to look to, our profession would not be one to be desired. But in its practice you will find it to be attended with peculiar privileges. Second to none in intense interest and pure pleasures. It is Our proud office to tend the fleshly tabernacle of the immortal Spirit, and our path, if rightly followed will be guided by unfettered truth and love unfeigned. In the pursuit of this Noble and holy Calling I wish you all God Speed."

To a Young Physician - J. Matthews, Surg. to Queen's Hosp.

fashionable surgeon, he never seems to me to have been quite the highest type,—something was wanting in him. My personal knowledge of those men whom I have learnt to reverence as teachers or as colleagues, and of those who were fellow-students with me, has abundantly convinced me that it is those that have been keenly interested in medicine from the start, who have loved their work for that work's sake, who now have made or are making their mark; while those who have entered our profession purely to please their families have accomplished relatively little. If there be not a special call in the medical career, at least there must be a keen interest in our subject from the very beginning, for without this it is impossible to undergo the drudgery of the earlier years of training.

A PEN PORTRAIT OF A GREAT SURGEON.*

As tending to show a rare combination of geniality, exuberant good humor, modesty, forcefulness and energy, with the more strictly scientific attainments that go to make up the ideal disciple of Æsculapius, we abstract from the *Medical Dial* for January the following pen portrait from an article on "The Surgeon in War," by Charles E. Hands. The author was in bed in Mafeking with a bullet in his thigh. He says:

"After Dr. Davies had gone away with his regiment on General Mahon's march, I was lying in bed one day minding my bullet, and thinking about the time when I should get up and go for a walk, pondering the terrible abyss of time that stretched between breakfast and lunch, and wondering about all the kinds of things that people wonder about when they are minding bullets, when I heard a strong, hearty man's voice in the house, and there came into my room the most cheerful-looking old gentleman I have ever seen in my life. A hearty, healthy, vigorous old gentleman, who came bustling in, full of life and energy, with a whimsical smile on his shrewd, good-natured, kind, beaming, big, broad, clean-shaven face.

"'Weel,' he said cheerily, with a Scotch accent, as he took my hand between his two big, firm palms and gently shook it, smiling meanwhile like a benevolent uncle, 'well, I've just come to see how ye're getting on. Eh, but I know all about ye! Eh, my laddie, but they're all verra consairrned about ye down country there. And I'm glad to see ye.'

"And he continued to shake my hand and smile, and I smiled back and shook his hand, and said that I was—as

* John Chiene, C.B., LL.D., D.Sc., M.D., F.R.C.S., F.R.S. (Ed.) b. 26 II 1843. d. Prof. Surgery Edin. 1882–1909.

was perfectly true—downright glad to see him, although I hadn't the faintest idea who he was, except that I seemed to know at once that he was a great surgeon.

"'Then,' said he, 'I'll just give ye my caird'; and if he had said he would give me a thousand pounds he could not have said it in a kindlier tone of impulsive benevolence. I remember saying, 'Thank you, sir,' as I took the paste-board he handed me. It said in plain formal type, 'Professor John Chiene, Consulting Surgeon to the Forces, South Africa.'

"Professor Chiene! I had never seen him before, but I had known of him all my life. One of the famous surgeons of the world. Dozens of times I had heard doctors who had been Edinburgh students exchanging pleasant reminiscences of John Chiene. This was a slice of luck indeed.

"I said what I had to say, and he went on to tell me that 'Airchie Hunter'—that was General Hunter—had given him leave to come up to Mafeking to see if he could be of any service to the wounded lying there. He seemed to think that it was a personal kindness on the part of Airchie Hunter to let him come, and I am sure that he felt positively grateful to the wounded for giving him the opportunity of coming.

"But at that time I knew that General Hunter's division was a hundred odd miles away, somewhere on the other side of Vryburg, that there was no railway through, that there were only rough, boulder-strewn tracks for roads, and that the only people on the way were low-class Dutch, who were nearly all rebels and all thieves. How, then, had he managed to get through to Mafeking, I asked him. Did he have an escort? Oh, no, no escort—capital adventure to come without an escort.

"He had made the journey in a sort of rough cart—most enjoyable kind of travelling in a rough, jolting cart! One of the horses had broken down—splendid fun! Had slept out on the veldt—glorious sleeping out on the veldt! Never was such a blanket! They got no water one day—extraordinary fun being thirsty! Had given a lift to a belated correspondent on the way—capital chap, that correspondent! Most entertaining companion! Had just got to Mafeking and found a lodging in the remains of what had been a hotel before the big shells knocked the end wall out and the roof off—charming place, Mafeking! Beautiful sight, all that bare sand! Capital taste sand had, too, in your food! And how lucky to find a room in the hotel with the end wall out and the roof off. Most convenient for looking out of! And

the ration bread made out of bran! Really most wholesome food and wonderfully agreeable eating!

"Buoyant!—why Professor Chiene would have floated in hydrogen gas. He told me a story about a Scotchman enjoying himself at a funeral, and laughed as he told it, and made me laugh till I could feel my bullet wobbling about in its hiding place. He made me feel so much better that I wanted to get out of bed and practice walking, but he wouldn't let me.

"Then, when my doctor came in, he got to business. He ceased laughing and put on a grave, thoughtful, shrewd look, though he still kept a keen, humorous twinkle in his eye, and went into the consultation. He listened alertly to the doctor's description of symptoms, and to my own, and then he put in some unexpected and seemingly inconsequent questions, which reminded me of something I had forgotten or failed previously to observe. Then he felt over the surface of my leg with finger-tips so sensitive that they almost seemed to see what was underneath, and in a few minutes he knew all about my bullet and my thigh bone, and just what was to be done and when and why. And everything he said turned out to be true, and everything he recommended to be right."—*New York Med. Journal.*

NOTE.—In the old times—the days of the apprenticeship—the "good bedside manner" was given great study, and there existed many opportunities, by association with the master, of learning his means of detecting the patients' petty foibles or weaknesses, or acquiring their confidence and the necessary history of their disorders. No opportunities for such instruction are afforded or demanded by our medical laws, and thus many, yes, nearly all graduates commence practice ignorant of the ways of men, not able in any sense to "keek through the thoughts of men, wi' sharpened, sly inspection"—better prepared in Pathology than in Therapeutics, and least prepared in a good knowledge of bedside manners.

"ABEUNT STUDIA IN MORES." Let your manners be a reflection of your learning, but do not be a martinet—too tiresome or too servile; learn this fact that confidence and hope cure more than drugs.

THE DOCTOR'S DREAM.

I am sitting alone, by the surgery fire, with my pipe alight,
now the day is done:
The village is quiet, the wife's asleep, the child is hush'd,
and the clock strikes One!
And I think to myself, as I read the Lancet, and I bless my
life for the peace upstairs,

That the burden's sore for the best of men, but few can dream
what a Doctor bears;
For here I sit at the close of a day, whilst others have counted
their profit and gain,
And I have tried as much as a man can do, in my humble
manner, to soften pain:
I've warned them all, in a learned way, of careful diet, and
talked of tone.
And when I have preached of regular meals, I've scarcely had
time to swallow my own.
I was waked last night in my first long sleep, when I crawled
to bed from my rounds dead beat.
"Ah, the Doctor's called!" and they turned and snored, as
my trap went rattling down the street!

I sowed my oats, pretty wild they were, in the regular man-
ner when life was free,
For a Medical Student isn't a Saint, any more than your or-
thodox Pharisee!
I suppose I did what others have done, since the whirligig
round of folly began.
And the ignorant pleasures I loved as a boy—I have pretty
well cursed since I came to be man.

But still I recall through the mist of years, and through the
portals of memory steal,
The kindly voice of a dear old man who talked to us lads of
the men who heal,
Of the splendid mission in life for those who study the science
that comes from God,
Who buckle the armour of Nature on, who bare their breasts
and who kiss the rod.
So the boy disappeared in the faith of the man, and the oats
were sowed, but I never forgot
There were few better things in the world to do than to lose
all self in the doctor's lot.

So I left life that had seemed so dear, to earn a crust that
isn't so cheap.
And I bought a share of a practice here, to win my way, and
to lose my sleep;
To be day and night at the beck and call of men who ail, and
women who lie;
To know how often the rascals live, and see with sorrow the
dear ones die;
To be laughed to scorn as a man who fails, when Nature pays
her terrible debt;

To give a mother her first-born's smile, and leave the eyes of the husband wet;
To face and brave the gossip and stuff that travels about through a country town;
To be thrown in the way of hysterical girls, and live all terrible scandals down;
To study at night in the papers here of new disease and of human ills;
To work like a slave for a weary year, and then to be cursed when I sent my bills!

Upon my honor, we're not too hard on those who cannot afford to pay.
For nothing I've cured the widow and child: for nothing I've watched till the night turned day;
I've earned the prayers of the poor, thank God, and I've borne the sneers of the pampered beast.
I've heard confessions and kept them safe as a sacred trust, like a righteous priest.
To do my duty I never have sworn, as others must do in this world of woe,
But I've driven away to the bed of pain, through days of rain, through nights of snow.

* * * * * * * * * *

As here I sit and I smoke my pipe, when the day is done and the wife's asleep.
I think of that brother-in-arms who's gone, and utter—well, something loud and deep!
And I read the Lancet and I fling it down, and I fancy I hear in the night that scream
Of a woman who's crying for vengeance! Hark! No, the house is still! It's a Doctor's Dream.

THE INFLUENCE OF LAYMEN UPON THERAPEUTICS.

At the bottom of every widespread and persistent popular tradition lies, perhaps, a grain of truth, if one be philosophical enough or patient enough to separate it from the rubbish by which it is hidden. The delvers in folk-lore have of late years drawn valuable and interesting information from old saws, customs, tales or superstitions. Medicine has from time to time derived drugs and manipulative methods from peasants and savages, whom slow, laborious experience has taught some important truths or half-truths. Especially in former times

and in the pre-scientific period was medicine thus influenced. We are told by Herodotus that the Babylonians were obliged by law to carry their sick to places of public resort, that whosoever, passing by, should know of remedies successful in similar cases might have the privilege of communicating his knowledge to the friends of the patient. The introduction of powerful drugs has often been due to travellers, missionaries, and others whose occupations called upon them to visit strange lands. Who does not remember cinchona bark, Countess' powder, Jesuits' bark, Culver's physic? In regard to drugs obtained from distant and uncivilized regions, we necessarily depend upon those who first became acquainted with those countries, their natives, customs, and productions. It would seem that every district except Central Africa had by this time been searched by eager students, yet the past decade has provided us with a number of remedies which we would not readily consent to lose. The immortal discovery of Jenner should teach us never to contemptuously dismiss without examination a vulgar belief. In our times Science does not hold itself too lofty to explore any dark nook in the search for truth.

It seems surprising, nevertheless, that several of our most efficient therapeutical measures have been introduced or popularized by laymen, and, stranger still, that their introduction was vigorously resisted or passively obstructed by the medical profession. This is true of hydro-therapy, massage, and electricity. Water was justly valued by the ancients on account of its remedial no less than its cleansing virtues. The recovery of Augustus commemorated by Horace was due to hydro-therapy. Galen made use of baths in his practice, as did others among the ancients whose names it is not necessary to cite. After the Revival of Learning, in spite of the recommendation of Cardan, Floyer and Currie, Hahn, Michaelis and Hegewisch, the use of water in the treatment of illness never came to be generally appreciated until the remarkable success of a Silesian peasant. The bold innovations of Priessnitz startled the profession; his want of science repelled it, but it was at least awakened to a realization of the curative virtues possessed by water. Even yet, however, we believe that water is far too seldom and too timidly employed as a remedy.

Masso-therapeutics has much the same history as hydro-therapeutics. The instinctive rubbing of a painful spot is the germ of massage, and rude manipulations have been practiced in many ages and among many peoples. The success

of Grosvenor was forgotten and massage had to be revived by teachers of gymnastics. Thure Brandt, whose method of treating prolapsus uteri seems to be attended by considerable success, is, if our memory serves us, an ex-major, long an attache of an institution devoted to the Swedish movement cure.

A very general, if ignorant, appreciation of the powers of electro-therapeutics has been diffused in the popular mind, chiefly by lay enthusiasm. Who shall venture to say that this method is properly esteemed by medical men? Its remedial or curative powers should be much more frequently invoked. Every young physician should be as competent to administer a proper dose of a proper form of electricity as one of laudanum, nux vomica, or castor oil.

The poet tells us that "fools rush in where angels fear to tread." Laymen are not fools, nor all doctors angels, yet the spirit of verse may serve to point our moral. A keen sense of responsibility will often restrain the physician from employing what seems to him a hazardous method; the layman, with the boldness bred of ignorance, performs the experiment, and sometimes widens the bounds of therapeutics.

NOTE. — (Hippocrates says, in reference to massage (which is worthy of respect) :—"It loosens, he says, stiff joints, and gives tone and strength to those which are relaxed," and "must be applied with soft hands and in all cases delicately." "Hard rubbing binds, soft rubbing loosens, much rubbing causes to waste, and moderate rubbing causes to increase and grow."

Herodotus and Celsus also recommended it. Such must not be confounded with "bone-setting" or the Swedish movement cure, the last-named being a system of exercise gymnastic in character. "Bone-setting" is empirically used.

However, Cicero's words (Brutus xviii., 71) : "Nihil est simul et inventum et perfectum; nec dubitari debet quin fuerint ante Homerum poetæ" (nothing is invented and perfected at one and the same time; neither ought it to be doubted that there were poets before Homer), are applicable.

BUT HE CAN'T ADVERTISE.

A physician sits in his office chair,
And there broods on his face a look of care,
While he groans and wails, and tears at his hair.

"Alas! and alas! and alack!" he cries;
"Surely fame and fortune would both arise
If Old Ethics would let me advertise."

At last a bright thought comes into his brain,
Says he, "I must try that old racket, 'tis plain,
It worked O. K. once, and I'll work it again."

He wrote half a page on the "Evils of Pork,"
And the case of a man who swallowed a cork,
And a spoon and a knife, but got stuck on a fork;

Told how he cured an imprudent fellow
Who swallowed entire a gingham umbrella,
And brought it intact from the patient's patella.

The newspapers all extended their thanks;
He opened accounts at the various banks;
He'd baited with ethics and caught all the cranks.

—*Chemist and Druggist.*

CARLYLE ON FEMALE PHYSICIANS.

"I have never doubted but the true and noble function of a woman in this world was, is, and forever will be, that of being a wife and a helpmate to a worthy man, and discharging well the duties that devolve on her in consequence, as mother of children and mistress of a household—duties high, noble, silently important as any that can fall to a human creature; duties which, if well discharged, constitute woman —in a soft, beautiful and almost sacred way—the queen of the world; and which, by her natural faculties, graces, strengths and weaknesses, are in every way indicated as specially hers. The true destiny of a woman, therefore, is to wed a man she can love and esteem, and to lead noiselessly under his protection, with all the wisdom, grace and heroism that is in her, the life prescribed in consequence.

"It seems, furthermore, indubitable that if a woman miss this destiny or have renounced it she has every right, before God and man, to take up whatever honest employment she can find open to her in the world. Probably there are several or many employments now exclusively in the hands of men for which women might be more or less fit—printing, tailoring, weaving, clerking, etc., etc. That medicine is intrinsically not unfit for them is proven from the fact that in much more sound and earnest ages than ours, before the medical profession rose into being, they were virtually the physicians

and surgeons, as well as sick nurses—all that the world had. Their form of intellect, their sympathy, their wonderful acuteness of observation, etc., seem to indicate in them peculiar qualities for dealing with disease, and evidently in certain departments (that of female diseases) they have quite peculiar opportunities of being useful."

The *Medical and Surgical Reporter*, Philadelphia, gives the following on this subject in an editorial of recent date:—

"We trust that we will be pardoned (for we mean no disrespect whatever) when we say that it is not the true womanly woman, but rather the masculine woman, who hankers after this higher education. We are speaking in all sincerity, from a scientific standpoint, and mean no disrespect to any one.

"We clearly recognize two distinct types of womanhood, between which all degrees of each are to be found. On the one hand, the timid, confiding, trusting woman, who, after completing her school or convent education, soon comes to realize that her mission in this world is a domestic one, with all the mingled trials and pleasures which that word implies. On the other hand, we see the self-confident, self-asserting, self-reliant, fearless, masculine woman, who feels irresistibly impelled to push forward into the realms of science, and for whom the domestic duties have but a secondary attraction. These two types are both admirable; the one lovable, the other grand and noble. The first never gives a thought to the 'higher education of women'; the second desires and demands it. Let her have it. If she be capable, she will make her mark; if she be not, Darwin's beautiful law will come into play, and she will disappear.

"In a word, the number of women who demand scientific education are comparatively few; they possess many masculine characteristics, and are entitled to masculine privileges. If you give them the chance they may, perhaps, fulfil their earthly mission; if you deny them, you do them an injustice, by refusing a request the granting of which could do them no harm. Therefore, again we say, grant their request."

THE GENERAL PRACTITIONER.

He meets the list of human ills from Alpha to Omega,
And the gamut of the social world from millionaire to beggar;
He flagellates the new-born babe in state of cyanosis,
And feels the senile pulse-beats of ærteriosclerosis;

And so life's phases and extremes in his daily rounds prosaic,
With varied tints commingling form a medical mosaic.

He knows disease just now depends on toxins and bacteria,
So when he meets an old-time foe, a genuine diphtheria,
He uses anti-toxin and is very much elated
To find that the bacilli are as dead as if cremated;

On a case that looks quite similar he tries this special serum,
Then hears a faint microbic voice that seems to whisper near him,
"Just try again, my honored friend, if you really wish to knock us,
No bacillary crowd are we, we belong to the streptococcus."

He meets a friend in counsel and to his opinion yields,
One whose knowledge of the subject has been gained in special fields;
Remembering the learning as well as skill of hand,
That specialism only and its students can command;

But as they ever multiply it sometimes seems to me,
There is danger of his being lost in this specialistic sea,
And that on some future morning he'll awake at early dawn,
And find that, like Othello, his "occupation's gone."

He accepts with doubtful gratitude fractures simple and compound.
Knowing embryo malpractice suits in such are often found;
While in many of these cases, here I think you will agree,
Though Roentgen rays may show the fracture, even they can't find the fee.

He discovers tones and murmurs and rales however small,
That exist throughout the viscera within the thorax wall;
And beside the many heart sounds his stethoscope may hear,
Are the sounds that are spoken from the heart to his sympathetic ear.

He keeps in touch with recent lines of treatment and technique,
Knowing he who ceases study must the rearmost column seek;
And despite the lack of special skill and extra erudition,
Finds still demand for the general and up-to-date practician.

THE THERAPEUTICS OF BLUFF.

The *New York Medical Record* gives the following sketch: —He stood by the bedside counting the pulse, counting the respirations. The patient was in advanced life, and was suffering from broncho-pneumonia. "One hundred and six!" was the exclamation; "respiration thirty-six, an increase over last evening of ten pulsations and six respirations. Some slight lividity of the extremities of the fingers. Heart's action a little irregular." Dr. Blank shook his head dubiously. "Mrs. Brown is not so well to-day." A cloud passed over his countenance as he spoke the words; it was noticed by Jane, Thomas, and Susan. A gloomy silence followed. The Cammann binaural tube was applied to different parts of the thorax. Subcrepitant ronchi everywhere; small bubbling at the bases. "There is extensive consolidation," he said; "this dull region is stuffed with the products of inflammation. It is a hard tug for breath with the old lady."

The supreme cortical cells of Dr. Blank's cerebrum were revolving this thought: "This patient will die; I shall lose prestige in consequence; I shall lose the patronage of this family." What shall he do about treatment? The digitalis does not seem to be working well; there is nausea. The squills, senega, and ipecac do not promote expectoration. There is pain in the head, and he fears that it is caused by the quinine and whiskey. In doubt and uncertainty he tells them to put these medicines on one side, and writes a prescription for some carbonate of ammonia. He directs full doses of this medicament, and then, after starting for home, in his hesitation comes back and advises the family to give only half the dose prescribed. With a heavy heart, which his countenance too plainly shows, he bids the Browns good-morning.

What are Thomas and the Brown girls thinking about at this time? "This man is fairly discouraged. He has done all he can. He has no confidence in his medicines. He has made a complete change, and now is doubtful about the result of the change. He evidently thinks mother is going to die. Mother, too, is discouraged. It is time to try somebody else." Dr. Blank had hardly arrived home that morning when a messenger brought a note from the Browns stating that they had made a change; that Dr. Blank might consider this note a note of dismissal; that Dr. Bluff would now take charge of the case.

Dr. Bluff was not in any sense a scientific man, nor had he any skill in the selection of his remedies. He stole a good many useful hints from members of the faculty and young graduates, with whom he now and then held consultations (and with whom he always agreed), but his diagnosis was hap-hazard and his treatment was hap-hazard. He drove fast horses, and would bluster like an English country squire. All this gave him great popularity. Individuals had been heard to say that they would rather have Bluff's presence in a sick-room, if he did nothing more than talk slang, and tell them that they would be able to dance a polka in a few days, than have the most scientific college professor who would give them nauseous medicines, and tell them that their sickness was of a very grave nature.

Dr. Bluff was ushered into the room of the sick Mrs. Brown. The diagnosis and the fearful prognostications of poor Dr. Blank were turned to ridicule. There was nothing the matter with Mrs. B., only "a little stuffing" in the chest. He "would clear out those pipes in less than no time." Whiskey and milk and his white emulsion of ammoniacum was all that was necessary. In less than half an hour the vocabulary of banter and current slang was exhausted. The sick woman was a "daisy," a "blooming rose of Sharon," and a "gay old gal." She had not "got through her sparking" yet, and "if the present Mrs. Bluff should ever be taken off he would improve his opportunity," etc. As for dying,—"Fiddlesticks! she cannot die with *that* pulse." He would "have her out of that bed scrubbing the kitchen floor before a week."

It is needless to say that the Browns were all delighted with the assurance and the jocoseness of their new family physician, whose encouraging words rallied them to renewed efforts to prolong their parent's existence by often-repeated potions of whiskey and milk. It is worthy of note, too, that the patient herself for a while felt the invigorating stimulus of a new hope. Although the final result was as Blank predicted, yet there always was a feeling on the part of the Browns that if Bluff had been called a little earlier the result would have been different.

The above is no imaginary picture. Dr. Blank and Dr. Bluff are the prototypes of many men who honor or dishonor our noble profession. The latter will generally be the most popular, if not the most successful. We do not believe in bluff, but encouraging words and smiles are often of real therapeutic value.

Don't Call Me "Doc"!

Albert, Our Artist, Has Another Idea for Your Waiting-room

WHAT physician likes to be called 'Doc'?" Answer from a loud and ever-swelling chorus—"NOBODY!" How many medical men are called "Doc"? Answer —*sotto voce*—"all of them."

The late Doctor Phineas S. Conner,* of Cincinnati, was wont to tell his students that "When a man first calls you 'Doc' or mispronounces your name, reprove him gently. When he repeats the offense, reprove him profanely. When he does it a third time, knock him down." *an old friend of mine.

Are We Ourselves to Blame?

A Reply by a Washington Physician to an Article in the Last Quarterly Entitled, "Why Quacks Attract Business"

THE article in the last issue of the R. & C. MEDICAL POCKET QUARTERLY entitled, "Why Quacks Find It Easy to Attract Business," has in turn attracted a lot of attention from regular practitioners of medicine throughout the country.

A Washington, D. C., physician has written us along such interesting and constructive lines, that we are reproducing his thoughts in the following paragraphs:

It is a great misfortune to our profession that such men as Bluff are in it. Such men have adopted medicine in which to play a mean part, and can not help it, for they are sprung from a degenerate stock—or know no better, and were never taught at the college what to do and what not to do. The schools, yes, the laws of the land are blamable for allowing such men to study medicine.

"DOC."

If it has been your misfortune to be called "Doc," and if this recognition has become at all general among your friends, you might as well move to some other place. A man may be called a thief, a liar and a dead beat, and yet he may prosper and live upon the fat of the land. But once let him be called "Doc" and his professional success is at an end. We would prefer to spend a night in the station house, so far as our professional success is concerned, rather than to have our friends notice our approach by saying, "There comes Doc." If a man calls you "Doc" you need never expect a penny from him for any professional services you could render. His answer is sure to be, "All right, Doc, in a few days that will be all right." "Doc" means disaster. "Doc" is the culmination of all calamity. "Doc" is the catastrophe given at one stroke. "Doc" is the warning that we have reached the extreme limit of our usefulness. "Doc" is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie fire. Knock the man down who first dares speak it to you; and call upon the whole medical profession for vindication of your righteous deed. The expression "Doc" is too frequently used by way of offensive familiarity, and in any case, as the lady in Punch remarked, "It's worse than wicked, it's vulgar—very vulgar." No, no. "Jack Falstaff with my familiars, John with my brothers and sisters, and Sir John with all Europe."

THE PHYSICIAN'S FEE.

The "Medical Record" has the following advice :

Always make a charge for each service. This gives it a business value in the eyes of the patient.

The charge should always be just and reasonable; then no deduction is necessary.

Insist always on full payment, based, if necessary, upon itemized accounts.

When the patient asks for a reduction of his bill, recall the sacrifice of sleep, of meals, and of comfort in rendering him prompt service. Think of your preferences then and of his now.

Never allow sentiment to interfere with business. The "thank you" is best emphasized by the silvery accent of clinking coin.

The loss of money by sickness only affects one side, in every other business. Why should it be different when the doctor is to be paid ?

Always charge a fixed fee, and never trust to your patient's generosity or embarrass him by guessing an amount that would be satisfactory to you. It is very much like firing with a kicking gun at a black cat in the dark.

Render bills at short intervals, and be in earnest when you commence to collect them.

MISTAKES OF PHYSICIANS.

The following seem to us as good a *resume* of the errors of some of the cloth in certain directions as could well be formulated :

First—To promise a patient that you will cure him.

Second—To promise to call at an exact specified time.

Third—To promise that the malady will not return.

Fourth—To promise that you can render more efficient service than your fellow practitioner.

Fifth—To promise that your pills are not bitter or the knife will not hurt.

Sixth—To promise that the chill or fever will not rage so high to-morrow.

Seventh—To allow your patient to dictate methods of treatment or remedies.

Eighth—To allow yourself to be agitated by the criticism or praises of the patient's friends.

Ninth—To allow yourself to buoy up the patient when the case is hopeless.

Tenth—To allow yourself to make a display of your instruments.

Eleventh—To allow yourself to experiment or exhibit your skill uncalled for.

Twelfth—To allow yourself by look or action in a consultation to show that you are displeased, and that if you had been called first matters would have been different.

Thirteenth—To allow yourself to indulge in intoxicating beverages.

Fourteenth—To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.

Fifteenth—To allow yourself to tell the patient you are prescribing saccharum album when you are giving calomel.

Sixteenth—To allow yourself to give arsenic and quinine when a bread and water placebo will answer.

Seventeenth—To allow yourself to tell Mr. Smith the weak places and irregularities of habits in Mr. Jones' family.

Eighteenth—To allow yourself to give your services or an opinion without a reasonable fee or a reasonable expectancy.

ANNOTATION.

Over-confidence, carelessness and want of insight occasion many mistakes.

The want of a thorough knowledge of common diseases and cures for them is the cause of many blunders.

Another is the belief that one's materia medica does not name the necessary medicines.

"Qui non libere veritatem pronunciat proditor est veritatis."

"For never yet hath one attained such perfection, but that
time, and place,
And use have brought additions to his knowledge;
Or made correction, or admonished him
That he was ignorant of much which he
Had thought he knew, or led him to reject
What he had once esteemed of highest price."

WORDS OF WISDOM TO MEDICAL GRADUATES.

In his able address to the graduates of the Buffalo University, Dr. Geo. M. Gould, editor of the "Medical News," (now editor of "American Medicine"), offers many valuable suggestions, which are worthy of being read in full.

To be explicit and detailed, let me counsel a few "dont's."

1. Don't be in a hurry for success.

2. Don't consult or fraternize with quacks of any kind or degree.

3. Don't be afraid of speaking out your denunciation of quackery, regardless of the loss of a few possible patients and the charge of jealousy.

4. Don't support medical journals run in the interests of the advertisers, journals that are muzzled, that are conciliatory to or non-denunciatory of quackery.

5. Don't sign a single certificate as long as you live, as regards special, proprietary, or secret preparations.

6. Don't write a medical article in which such preparations are praised or even mentioned.

7. Don't accept commissions of presents from druggists, manufacturers, opticians, or surgical-instrument dealers.

8. Don't let any professional allusion to yourself, your opinions, or your work, get into the lay newspapers. Don't be a sneak advertiser, a "newspaper doctor."

9. In your own righteous wrath against quacks outside of the profession, don't forget that there are many within the profession, and that they are the most despicable—true wolves in sheep's clothing. I would rather be the "Wizard King of Pain," and buy affidavits of impossible cures at twenty dollars each, than a respectable hypocrite indirectly or secretly hob-nobbing with newspaper reporters and supplying them with "data."

As physicians charged with the health of the present and future, our duty must become clear: the entire witch's Sabbath of 'pathies and 'isms, the morbid cranks, drunk with ignorance and conceit; the sly cunning of advertising schemers, the tricks and frauds of medical parasites to suck the blood of their dupes, the patent medicine disgrace—all these things must be choked out of existence. It is a warfare, not a compromise, we are entering upon. It is not a theory, it is a condition that confronts us.

NOTE.—We give the following: Do not take medical journals whose advertising pages are used to advertise patent medicines—so called ethical preparations—whose editors and whose subscribers or contributors recommend such goods in very deceptive articles, as this is the 10th ethical commandment and is named in The Code, Section 5.—Patents and secret nostrums—and evidently it refers also to goods in original packages, or to such preparations that bear on their surfaces mystical letters or a combination of letters or numbers.

THE RED CROSS KNIGHTS.

When Mars went forth to fight his foes amain,
Then followed Æsculapius in his train;

And whom one smote, the other healed again:
So even now, when Mars goes forth to war
With flashing steel and cannon's deadly roar,
And smiteth all, and woundeth them full sore;
Him follows after, Æsculapius kind;
The fallen's wounds to wisely, gently bind,
Whom fiery Mars had fallen left behind.
For this hath Æsculapius brave men trained,
Whom now, Britannia's Queen hath wise maintained;
And hence the Red Cross Knights are known and famed!
And though they swords do fasten by their side,
And clothed in martial garb, do fiercely ride;
Yet do they staunch, not cause, the gory tide.
Full oft in battle are the Red Knights seen,
Tending the wounded where the fight hath been;
While cannon shots do often intervene,
Then which most glorious, gentle reader, say,
With fiery rage your fellow men to slay?
Or, with kind care, their ebbing life to stay?
It needs must be, that Mars must sometimes fight
To tyranny overthrow, and guard the right—
Else were we swallowed up in slavery's night.
But while Mars' Red-coats ye sincerely thank,
Think of the "Red Cross Knights," who never shrank,
But ever succor gave, in front, and rear, and flank.

Closeburn. (*A Bengal Military Student*)
—*Indian Med. Record.*

A GOOD DOCTOR.

"Good, earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with lawyers, ministers and teachers. The truly good and truly great do not detract from the reputation of others; they are generous and magnanimous even to rivals. If your doctor flatters you and humours your lusts and appetites, and helps you out of a bad scrape secretly, without reproof, as if you had done no wrong, distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. Your doctor ought not to be a single man. He ought to have a wife and children, and if you see that his wife respects him and his children obey him, that is a very good sign that he may be trusted. If your doctor tells you how to keep well, that is a good sign. You come to him with toothache; if he gives you creasote and clove oil for the

tooth, and at the same time suggests that you do not wash enough to keep well, that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, and especially if he be a settled, middle-aged man. If you hear him say, 'I once thought so and so, but I was wrong,' that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit-trees, mix strawberry pollen for improved berries, cure chicken pip, and tinker a trunk lock, or put a clock in order, all these are so much to his credit. If, further, you love to meet him, the sight of him quickens you, and you are glad to hear him chat; and you know him thus to be a lovable, sympathetic man—he's the man for your doctor, your confidential friend—find him, trust him."

As Prior said in favour of Dr. Quain:

"Not to physics a drudge, not to patients a slave,
He strives to make business and pleasure agree;
At a crisis collected, cool, skillful, and grave,
And alone with his friends, Lord, how merry is he!"

A CONSCIENTIOUS DOCTOR.

The St. Louis "Courier of Medicine" publishes and the "Detroit Lancet" quotes the following anecdote of the late Dr. Geo. B. Winston, of St. Louis. We commend it as an illustration of the fact that there still exists a genuine nobility and heroism among medical men, though it is much the fashion just now to pooh-pooh those who hold such a view: "A friend once remarked to him, 'Doctor, what necessity is there for this ceaseless labor and study at your time of life?' With a look of astonishment, never to be forgotten, he replied: 'My dear sir, I am under bonds to do it. When I offered my professional services to this community there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir, and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life, and punish me accordingly; and whenever I get my consent to be content with present professional attainments and trust my own personal experience for success, I will withdraw from practice,

and step from under a weight of honorable obligations which with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear.'"

NOTE.—"*Homines ad deos, nulla re, proprius, accedunt quam salutem hominibus dando.*" Cicero, Pro Ligario, XII.

THE HARD LOT OF THE DOCTOR.

The "Medical Examiner" moralizes on the text supplied by the report of Dr. Tatham, Registrar-General of Great Britain. The editor says the life of a doctor is and was enough to make him disgusted with life. "From the day a medical student enters upon his career until he dies, he is exposed to accidents, deprivations and dangers which fall to the lot of members of few other occupations. During their pupilage they are obliged to dissect with a danger of septic, as well as specific infection; in practice the same danger obtains at post mortems, and operations in obstetrical cases. Then there are typhus and typhoid germs, diphtheritic and tubercular bacilli, the dangers incident to inclement weather, exposure to accidents at night from malicious persons and unavoidable general casualties. In addition, the physician is sometimes the victim of deliberate plots against his life. He is a confiding fellow, prone to every call apparently genuine as a real case of distress, and true to his instincts, ever ready to relieve suffering, with dire consequences occasionally to himself. In public and private asylums and sanitariums, crazy persons sometimes make special attempts to kill or injure the medical attendant, occasionally with success. To add to the undesirability of the profession as a business, the public is ever ready to profit by his knowledge without the least idea of adequate compensation, if any. So between his natural enemies and hardships the poor doctor has a pretty hard time of it. Still thousands enter the ranks every year with great hopes and expectations. One-third never get beyond the threshold, others drop by the wayside year by year. So that the number of a given class surviving at the end of twenty years is not very great, and there are comparatively very few old physicians in this country.

"He enters upon his professional life imbued with these ideals and finds, unfortunately but too often, that each succeeding year lessens their importance in his eyes. Gradually he begins to feel the business of medicine overshadowing its

scientific practice. He finds that to be successful in the ordinary sense of the word he must be not merely an acute observer, a sound reasoner, and a deft operator; but besides, and perhaps more than all these, he must be a business man, a diplomatist, and unfortunately too often a schemer. As he looks around him he sees success, the reward frequently of merit, but often, also, of audacity and accident."

THE FAMILY DOCTOR.

When I get to musin' deeply
'Bout them times what used to be,
An' the swellin' tide o' memory
Comes a sweepin' over me,
Then among the wrecks o' long ago
That's driftin' on the crags,
I can see our fam'ly doctor
With his leather saddle-bags;
With his crown so bare an' shiny
An' his whiskers white as snow,
With his nose just like a piney
That's beginnin' fer to blow—
Fer he painted it with somethin'
From his bottles 'r his kags,
That he alluz carried with 'im
In his rusty saddle-bags.

When the whoopin' cough was ragin'
'R the measles was aroun',
Then he'd mount his rhubarb pony
An' go trottin' out o' town;
With his saddle-skirts a floppin'
An' his laigins all in rags,
'An the roots an' herbs a stuffin'
Out his pussy saddle-bags.
Then when mam was down with fever
An' we thought that she'd die,
That ol' feller didn't leave 'er
An' he never shut an eye;
But he set there like a pilot
Fer to keep 'er from the snags,
An' he brought 'er through the riffle
With his musty saddle-bags.

I can see 'im with his glasses
Sat a straddle of his nose,
With his broad-rimmed, loppy beaver
An' his loose, old-fashioned clo'es;
I can see 'im tyin' at the gate
The laziest o' nags,
An' come puffin' up the pathway
With his heavy saddle-bags.
But he started on his travels
Many, many years ago,
Fer the place where life unravels
An' dividin' waters flow;
So I hope he's reached the haven
Where no anchor ever drags,
An' has landed safe in heaven
With his shinin' saddle-bags.

DR. HAINES' EPITAPH.

It is copied from a slab in Rudgwick church, Sussex; date 1708 :—

" Without this wall
Lyeth the body of Craudley Dr. Edw. Haines,
For to maintain his family spared no pains
To ride and to run, and to give reliefe
To those which were in pain and griefe.
Who the 30th April entered Death's strait gate,
From the birth of our Saviour 1708;
About the age of 33,
And had his father's virtues in every degree.
And left behind him, when he left this life,
Two likely sons and a loving wife,
And about 36 weeks after
His wife and relick was brot to bed with a daughter.
Which 3 we desire may live
Not to beg, but to give.
His eldest son Edw. was then 6 years and 10 months old,
And John about 3—both duffer and bold.
Amongst all the doctors, tho' there were many,
He is as much missed as any;
Like to most mortals to his practice he was a slave—
He catched the small-pox and died—and lies here in his grave."

WHY DO DOCTORS SO OFTEN MAKE MISTAKES?

Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex—the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life. The principal grievance I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher and inner life; they know nothing of the transcendent laboratories of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition and sympathy. The model doctor should be at once a genius, a saint, a man of God.

THE FOOLISH PHYSICIAN.

The average doctor is servile and short-sighted to an extraordinary degree, bent not only upon his own destruction, but also upon endangering the entire fabric of a noble and benevolent profession. Even plumbers and members of other trade unions protect themselves by curtailing apprenticeship and by keeping out ignorant cut-throats. Why shouldn't doctors? But it is too late! Even now as we near the vortex of muddy competition, and as we are about to go down for the last time, we must acknowledge a bitter justice in our fate; for years of neutrality and final servility have taught pompous laymen, who pose as public benefactors and philanthropists, that doctors will stand any amount of robbery and degradation to secure and keep a hospital or dispensary position. It is evident who are to blame, but in a community where there

are several M.D.'s—one running a drug store, another a farm, another having a Government position, another interested in banking—how can an agreement as to equal fees be arranged and not broken?

OUR ADVANCING PHYSICIAN.

Great are the achievements of contemporary science in the department of therapeutics. Just now the medical novelty seems to be the pursuit of the microbe. It is carried on with an ardor that sometimes makes both laymen and doctors smile. One hears such stories as that of a man who went to his physician with a slight sore throat, left a little of the lining of it to be examined, got a gargle and went home. That night he went to the theatre, but was called out in the middle of the performance and told that the membrane from his throat had diphtheritic microbes in it, and that he must go home, which he did; but all the folks with sore throats in the audience who happened not to have seen a physician staid the show out.

"HOLDING" PATIENTS.

From time to time we have been favored with glimpses at the means used by some physicians to retain their hold on patients. We were particularly surprised at the many expressions of lack of confidence in, or of half-hearted allegiance to, a man of large experience who had accumulated a large fortune by medical practice. In case after case it was made apparent that his hold upon patients was not based upon their appreciation of his services, nor even upon a personal affection; yet in some way, which we cannot comprehend or adequately describe, he had succeeded in training a large clientele to the habit of coming to him for medical advice. Some years ago, while patients were by no means as frequent as might have been desired, we were taught a lesson by a blacksmith. "Our" horse was being shod, and during the operation a man drove up and demanded that immediate attention be given to his own animal. The blacksmith responded that each customer must take his turn. The man then threatened to withdraw his trade. As we were in no hurry and did not wish to be a source of loss to a hard-working mechanic, we rather urged him to accede to the demand, unreasonable as it was. This, however, the blacksmith refused to do, and addressing the man with invectives above the melting point of

type, he made use of this expression: "I lived before ever I saw you." In a sense we have adopted those words as a motto in dealing with those who, in professional or business relations, have shown a disposition to be unreasonable and exacting. Better poverty with manly independence than riches bought with self-respect. Better a few patients who come voluntarily, and whose every visit is a tribute to the medical attainments and manly qualities of their physician, than a horde of dollar-bringers held by obsequiousness, by a carefully cultivated sense of obligation, or by allurements on a par with the chromos of the tea-store. One of the saddest examples of the mockery of a successful life is the physician of an aristocratic circle, constrained to accept offices of trust and obligation, and to observe the niceties of ritual in a church to the cardinal doctrines of which he could not conscientiously subscribe. We may well imagine that the devil smiles his broadest smile when the man who joins the church for the sake of the money there is in it is the doctor. The man who has aristocratic patients as a matter of accident or of natural position in life, is not to be sneered at. The one who has worked up to such a practice by attendance on fairs, school commencements and other semi-social functions, by seeking church and club associations, is an abnormality at once pitiable and amusing.

A LESSON IN PROFESSIONAL TACT.

The following story, though old, is true, and as illustrating professional etiquette, which, like all true courtesy, is merely the application of the Golden Rule, is worth repeating from its reproduction in the "Toledo Medical and Surgical Reporter" for May. Being called in haste to a patient under the care of a very young practitioner, Sir William Gull found that brandy and water was being given at intervals, with certain other treatment. The great physician carefully examined the patient and said: "Give him another spoonful of brandy." He then retired to a private room with the young doctor in charge. "It is a case of so-and-so," he said, as soon as the door was closed. "You shouldn't have given him brandy on any account." "But," said the junior practitioner in amazement, "I thought, Sir William, that you just told the nurse to give him another spoonful." "So I did," said the great man. "An extra spoonful of brandy won't hurt him; but we mustn't destroy his confidence in you, or he'll never feel comfortable or believe anything you tell him again."

THE PHYSICIAN'S INCOME.

Knowledge and skill in general practice have also increased, but the general practitioner's fee schedule is just what it was about fifteen or twenty years ago, and some places what it was thirty or fifty years ago, and he is about as slow and careless in collecting it. The specialist is more apt to get a cash fee, to get prompt pay, as well as bigger pay. The general practitioner should revise his fee bill and reform his business methods to meet the changed conditions. With the close competition and the constant demands upon the purse in the high-pressure civilization in which we are living there is scarcely a commercial enterprise or a professional practice which would prosper under the loose methods and indifferent management which characterize the business side of many a doctor's work.

MEDICAL ADVERTISING.

Society has a claim on every man, and by the doctor attending to his social duties he will probably impress some one with the idea that he will be a good physician to call in when he becomes ill. By making himself agreeable to all whom he may meet, without overdoing it; by dressing neatly and being cleanly; by driving a good horse and buggy if he can afford it; by being a gentleman at all times, in all places, and under all circumstances—these are legitimate and honourable methods of advertising. It is advertising that costs nothing, but it is advertising that pays. The conscientious physician, the honourable physician, the self-respecting physician, will advertise in this way and no other.

HYPNOTISM.

Hypnotism at the present time is producing a widespread interest among scientific men, professional men and laymen as well. The universal public is the great judiciary before which the cult and occult subjects shall be tried, their utility determined, and the chaffy factors cast to the four quarters of the globe. Hypnotism as a science has many admirers. The novelist discovers in it a rich field of romantic opportunity and the charlatan throws his sombre robe of mystery around its quasi supernaturalness. It seems true that hypnotism is occult; it is equally true that life is a mystery, and yet the most mysterious and the most marvellous consideration is

the fact that life is governed by law, and that every thought we have is the product of that law. Every mental phenomenon of our consciousness is immutably fixed by our subjective condition plus environments. Almost from time immemorial we can see glimmers and traces of the operations of mind upon mind. Peradventure Christ rebuked the devil and cast him out and "the child was cured," and Lazarus resurrected from the dead; the two blind men had vision restored by their faith in the touch of Christ—the leper healed by faith in simply touching the hem of Christ's garment. Thus Christ fully demonstrated the possibilities of mental or psychological medicine. "Thy faith shall make thee whole"—the hypnotised subject becomes highly receptive, due to the abeyance, more or less complete, of the objective mind; then the slightest word or action from the operator or the one with whom the subject is *en rapport* are suggestions quickly seized and acted upon, accounting many times for the unexpected behavior on the part of the subject.

The fundamental principle of hypnotism lies in the idea of the duality of mind, or, perhaps, better expressed by *one* mind with two distinct parts or functions. The conception of this fundamental truth has been ill understood until recently. The principles governing this dual mind of man are clearly demonstrated when observing the phenomena of hypnotism during which the mind, or that part of man which is employed in our everyday life, is placed in abeyance, and the other, or subjective factor, assumes control. The two minds are the objective and the subjective. The objective mind is that which brings us in relation with objects through the medium of the five special physical senses, sight, hearing, &c., &c. These aid and assist us in our physical necessities and guide us in our struggle with material environments. These senses operating under the stimulus of materiality, culminate in their highest function—reasoning.

The subjective mind is the seat of the emotions and the great emporium of human knowledge, and operates at its greatest advantage while the objective mind is in a state of suspended activity or has fallen into a state of somnolency or hypnosis. Now, if by our commands to "go to sleep"—"getting sleepier"—&c., &c., &c., we actually induce a condition of artificial or natural sleep, we have, for the time being, robbed the person of his objective mind or reason. Then the facility with which the subjective mind accepts suggestions as realities, explains the wonderful conduct of the

hypnotised, absurd or otherwise, according to the suggestions of the operator.

The practical application and utility of suggestion, from a layman's point of view, is beautifully commented on by S. Halphide, of Chicago, who says parents during the sleeping hours of their children may make suggestions as to the course they wish their children to pursue, or that this, that or the other studies will be easily mastered, &c., &c. The subjective mind accepts the suggestion, and post-hypnotically, the suggested task is accomplished.

The therapeutics of hypnotism, in many respects, are not fully determined. As illustrated by Braid, all that is true in mesmerism and electro-biology is really hypnotism. Hypnosis "was produced by no force proceeding from the operator, and that, in all probability, it depended on a fatigued state of the cerebral hemispheres, whereby nerve messages proceeded no further than the cerebral ganglia.

THE POPULAR PHYSICIAN.

He is a highly entertaining sort of being, is the gentleman we are about to introduce. Many of our readers, no doubt, may have met and conversed with him, and all must have heard of his fame. He is altogether fascinating and unique, yet withal *so* condescending. He is one of those men who will enter, heart and soul, into everything, and that without being invited, and he *knows* a little about *nearly* everything! Nothing is above his notice, and very little is beneath it. He is versatile, humorous and entertaining, but above all popular.

His name is constantly before the public in some connection or other, and it is a crisp, catchy sort of a name, a double name generally, and having perhaps an alliterative sound about it, a name, in fact, that sticks in the public mind and looks imposing at the bottom of a "Letter to the Editor," in a lay newspaper. And that is where the P. P. is so agreeable and condescending, he does not disdain to write to the papers. No matter what the subject, so long as he can on any pretext give to it a quasi-medical or scientific aspect, he is very much all there. He has a theory and he gives it to the public for nothing! He will even give "advice gratis" on occasions, and tell us all about the therapeutic treatment of some epidemic or other fashionable disease. He is, indeed, the very oracle of popular medicine; but that is not all; as we said before, he is up in *everything*.

Is it an assassin who has long evaded the police? Our friend is ready with his theory, and springs it on the delighted editor of an evening "ha'p'orth." Is it the appearance of a new music-hall "phenomenon?" He turns up in some quarter with a long-winded original explanation. Is there a new soap out? He approves of it. Has there been another pet sensation murder? It has some psychological interest or significance, which has occurred only to his broad and versatile intellect, and has "quite escaped the notice of your readers;" there was some vague motive for the crime, perhaps, and he alone has discovered it; or the perpetrator is a lunatic, poor wretch, and the P. P. will tell us how he has proved this conclusively, without having even seen the accused.

There is no limit to his condescension and good nature. He will sometimes speak at a public meeting, and he is quite sure to meet with an enthusiastic welcome. It is rumored that he is not unwilling to sit on the County Council, and we devoutly hope that he may get there!

And then there is his practice, which is necessarily a large one. The old ladies just dote upon him, and he doesn't seem to mind it the least bit. Wherever he is called in there is the universally expressed opinion that he is such a "nice doctor;" you seldom hear any other expression made use of, and this one just describes him, he is nothing if not "nice." He has acquired considerable knowledge of veterinary surgery and lap-dogs, and he has been known to betray a lurking tendency towards homœopathy. It need hardly be told that this gentleman is possessed of a considerable income, and an entire pew in his parish church. He has a wife—a lady of brilliant conversational power—who knows a good deal about his profession, and all about the numerous smart patients her husband goes to visit; she is naively communicative on these matters. Needless to say, she is asked out everywhere, and she goes.

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pityphlitis APPENDICITIS—THE LATEST FAD.

Written by the Hon. Clark Bell, of New York, and read by him before the Annual Convention of Railway Surgeons, held at Galveston, Texas, April, 1894:

Have you got the new disorder?
If you haven't, 'tis in order
To succumb to it at once without delay.
It is called appendicitis,
Very different from gastritis,
Or the common trash diseases of the day.

It creates a happy frolic,
Something like the winter colic,
That has often jarred our inner organs some.
Only wrestles with the wealthy,
And the otherwise most healthy,
Having got it, then you're nigh to kingdom come.

Midway down in your intestine,
Its interstices infestin',
Is a little alley, black and dark as night,
Leading off to simply nowhere,
Catching all stray things that go there,
As a pocket, it is simply out of sight.

It is prone to stop and grapple
With the seed of grape or apple,
Or a soldier's button swallowed with your pie.
Having levied on these chattels,
Then begin internal battles,
That are apt to end in mansions in the sky.

Once located, never doubt it,
You would never be without it,
It's a fad among society that's gay;
Old heart-failure and paresis
Have decamped, and gone to pieces,
And dyspepsia has fallen by the way.

Then stand back there, diabetes,
For here comes appendicitis,
With a brood of minor troubles on the wing;
So vermiform, here's hoping
You'll withstand all drastic doping,
And earn the appellation, "Uncrowned King!"

A DOCTOR'S TROUBLE.

"My dear fellow," said my doctor to me, "you have no idea what we have to put up with. If I call to see a patient frequently, I am 'trying to run up a bill;' if I don't, 'it is shameful neglect.' If I manage to get to church, and am called out, I hear afterward, 'Working the Bob Sawyer dodge on Sundays, eh, doctor?' If I am so busy that I cannot go, I am sure to be asked, 'How is it that you doctors are all atheists?' If my wife calls on people, 'it is because she is trying to get patients for me,' but if she doesn't, it is because

she is 'too stuck up.' If I cure a patient quickly—get credit, you say? Oh, dear no!—the patient 'wasn't half as bad as the doctor tried to make out;' but on the other hand, should the case develop serious complications, 'Ah! the doctor never understood the malady; in fact, he was worse when he had been taking the medicine a week than when we called him in.' If I suggest a consultation, it is only because I don't know what is the matter; if I pooh-pooh the idea as unnecessary, I am 'afraid of showing my ignorance.' I am expected to, so to speak, cast a horoscope on a baby's life, and tell its mother what its ailments will be. If I can't do that, I 'cannot possibly know very much.' I am expected to foresee all the 'ills that flesh is heir to,' six months before they come. I once lost a patient whom I had treated for influenza, because I did not foretell an attack of rheumatism which came on three months later. In all cases, if they get worse, the fault lies in the medicine. If I send in my bill, they say, 'He is in a terrible hurry for his money;' if I don't, it is 'so unbusinesslike.' 'But we get well paid?' do you say. My dear sir, if I received payment for one-half I do, I should die from shock."

THE WORD "OSTEOPATHY."

(From *osteon*, bone, and *pathos*, suffering). The name Osteopathy was adopted in the early stage of the development of the science, which has to some extent outgrown it. The idea, however, is not disease of the bone itself, but that disease is so frequently caused by slight displacement of some bone, causing obstruction to the flow of one of the fluids of the body, or irritation to some nerve. "Perfect circulation, perfect health," is a motto frequently used, referring not only to the circulation of the blood, but also to the circulation of the nerve force and of the other fluids of the body.

Osteopathy, then, is the treatment of disease, based upon the fact that man is a most perfect and intricate, and to a certain extent, self-recuperating machine, which, with every part or organ in its proper position and relation with every other part, will run smoothly and perfectly, and that after replacement of parts displaced by accident or any of the various forces incident to its surroundings and movements, a restoration of function (health) will supervene.

Osteopaths regard the human body as a complicated machine, built by the great Master Mechanic, and so perfectly adjusted in all its parts as to run its appointed period

until worn out by old age. "Man is a machine with over 200 bones. You may call them braces, supports, or what you please. Muscles, nerves, blood-vessels and tendons are distributed all over and through this framework. There is an engine, and pipes run from that engine to all parts of the body, and from all parts blood is carried back to the place it started from by the veins or blood tubes. Health is that condition we are in when all the wheels of life are in the centre and move without any obstruction, great or small. Disease is the creaking of the eccentrics of any or all parts of the machinery." Health is "the result of the harmonious action of the system when all its parts are unirritated by any cause, such as increased or diminished flow of the fluids of the arteries, or veins, or the nerve force, by partial or complete dislocation of bones, muscles, tissues, membranes or parts of the whole system."

He holds that the chief cause of disease is lack of blood-supply from some mechanical obstruction to natural function. There is some displacement, enlargement, obstruction or abnormality of the bone, muscle or ligament, or some unnatural pressure upon a nerve or blood-vessel, when this machine gets out of order. Osteopathy, recognizing the wonderfully recuperative power of Nature, claims that the human body is prepared for every emergency, and has within itself all the necessary power to arrest and repair the ravages of disease without the aid of any foreign substance, or artificial stimulus, save pure air breathed into the lungs.

We add extract from National College of Osteopathy (Chicago) announcement:—"Technical: Osteopathy is that science which consists of such knowledge of the structure and functions of the human mechanism, anatomical, physiological and psychological, as has made discoverable certain organic laws and remedial resources, within the body itself, by which nature, under the scientific treatment peculiar to osteopathic practice apart from all ordinary methods of extraneous, artificial, or medicinal stimulation, and in harmonious accord with its own mechanical principles, molecular activities, and metabolic processes, may recover from displacements, disorganizations, derangements, and consequent disease, and regain its normal equilibrium of form and function in health and strength."

"Bones, (says Mrs. Eddy, Christian Scientist) have only the substantiality of thought, which formed them. They are only an appearance, a subjective state of mortal man." Is not this as clear as the above definitions of Osteopathy?

LE DOCTEUR FISET.

Ole Docteur Fiset, of Saint Anicet,
Sapree tonnerre, he was leev' long tam,
I'm sure he's got ninety year or so
Beat all on de parish, 'cept Pierre Courteau,
An' day after day he work all de sam'.

Dat house on the hill you can see it still,
She's sam' place he buil' de firse tam he come;
Behin' it dere's one leetle small jardin;
Got plentee de bes' tabac Canayen,
Wit' fameuse apple and beeg blue plum.

An' dey're all right dere, for de small boys scare
No matter de apple look nice an' red,
For de small boy know if he stealin' some
Den Docteur Fiset on dark night he come,
An' cut leetle feller right off hees head.

But w'en dey was rap, an' tak' off de cap,
M'sieu' le Docteur he will say "Entrez,"
Den all de boys pass on jardin behin',
W'ere dey eat mos' ev'rything good dey fin',
Till dey can't got on school nearly two, t'ree day—

But Docteur Fiset, not moche fonne he get
Drivin' all over de whole countree,
If de road she's bad, if de road she's good,
W'en everything's drown on the springtam' flood,
An' workin' for noting half-tam, maybe.

Let her rain or snow, all he want to know
Is jus' if anywan's feelin' sick,
For Docteur Fiset's de ole fashion kin',
Doin' good was de only ting on hees min',
So he got no use for de politique.

An' he's careful, too, 'cause firse ting he do,
For fear dere was danger some fever case
Is tak' w'en he's come leetle w'isky chaud,
Den noder was, too, jus' before he go
He's so scare carry fever aroun' de place.

On nice summer day, w'en we're makin' hay,
Dere's not'ing more pleasant for us, I'm sure
Dan see de ole man come joggin' along,
Alway singin' some leetle song.
An' hear heem say, "Tiens, mes amis, Bon-jour."

An' w'en de cole rain was commence again
An' we're sittin' at home on some warm cornerre,
If we hear de buggy an' see de light
Tearin' along t'roo de black, black night,
We know right off dat's de ole Docteur;
An' he's smart horse sure, w'at he call "Faubourg,"
Ev'ry place on de Parish he know dem all.
An' you ought to see de nice way he go
For fear he's upsettin' upon de snow,
W'en ole man's asleep on de cariole;
I 'member w'en poor Hormisdas Couture
Get sick on hees place twenty mile away,
An' hees boy Ovide he was come requette,
W'at you call Snowshoe, for Docteur Fiset,
An' Docteur he start wit' hees horse an' sleigh.
All de night before, de beeg storm she roar,
An' mos' of de day, its de sam' also;
De drif' was pilin' up ten feet high,
You can't see not'ing dis side de sky,
Not'ing but wan avalanche of snow.
I'm hearin' de bell w'en I go on de well
For water de cattle on barn close by,
But I only ketch sight of hees Cheval blanc,
An' hees coonskin coat wit' de capuchon,
An' I know de ole man he was passin' by.
Mus' be le bon Dieu dat is help him t'roo
Ole Docteur Fiset an' his horse "Faubourg,"
'Twas somet'ing for splain-me, wall, I don't care,
But somehow or noder he's gettin' dere,
An' save de life Hormisdas Couture!
But it's sam' alway, lak' dat ev'ry day,
He never was spare hese'f pour nous autres,
He don't mak' moche monee, Docteur Fiset,
An' offen de only t'ing he was get
Is de prayer of poor man, an' wan bag of oat.

* * * * * *

Wall; Docteur Fiset, of Saint Anicet,
He is not dead yet; an' I'm purty sure
If you're passin' dat place about ten year more,
You will see heem go roun' lak he go before,
Wit' de ole cariole an' hees horse "Faubourg!"

—*W. H. Drummond, M.D., LL.D., Montreal.*
Author of "The Habitant," "Johnnie Courteau," &c., &c.

PRINCIPAL GRANT TALKS TO HIS "BOYS" OF QUEEN'S UNIVERSITY MEDICAL COLLEGE.

A MESSAGE FROM THE SHADOW OF DEATH — "TAKE YOUR PROFESSION SERIOUSLY."

KINGSTON, Oct. 10, 1901.—At the opening of the Medical College a familiar form was missing. Principal Grant, on a bed of illness at the General Hospital, in full view of the University to which he has devoted his life, lay ministered unto by the graduates, physicians and surgeons of the College, which has entered upon a new era. But he sent by Rev. Dr. Barclay a message which thrilled the assembly, who reverently stood during its reading. The words of the message were listened to in dead silence, for they came as a voice from the shadow of death. The Principal's message read:—

"To my Boys of the Medical Faculty:—Ten years ago one of your professors told me to look into the kingdom of darkness. I did so steadily, and found nothing to terrify. But several old truths were impressed upon me, one or two of which I give to you. Never was I so much impressed with the advantage of having distinct centres of medical education, or with the generosity of your professors. The old pagan idea that matter is evil and the body worthless is only now giving way to the Christian idea of the sacredness of the body and the high duty of understanding its mysteries. I pledge myself to do more for the faculty and for the hospital than ever before, and I hope that I may teach others their privilege in this regard. Your professors have earned the right to expect this.

"As for yourselves, for the sake of all that is noble and worthy, take your profession seriously from the outset, quite as seriously as the students of divinity take theirs. If you cannot do that, drop it and seek some honest way of making a living. It is awful to think that men, women and children should be at the mercy of irreverent and half-taught young doctors. I pledge myself that hereafter, for your sakes and for the sake of humanity, I shall try to let no such student pass our examinations. God help you to lay this word to your hearts."

NOTE.—"This address," said the Honorable Dr. Sullivan, "should be written in letters of gold upon the walls of Queen's University."

HOW MEN SUCCEED.

He who learns when to humor, when to command, and how to play upon the hopes, ambitions, cupidity, or fears of others, so as to get them to do his bidding, has mastered the greatest of all instruments. There are men of this kind who, having special aptitude for command, soon learn, unconsciously, it may be, how to lead, guide, or drive others. They come to the front in war, in politics, and in business life, and succeed oftentimes in spite of defects in their scholastic training, while their better-educated rivals, lacking knowledge of men, fail altogether, or, if they rise above the ranks, gain only subordinate places. Until within recent years there have been scarcely any attempts to make man a school study; nor is it to be expected that the study as now carried on will take the place of experience in raising up managers of men. Yet it is worth while for those who find themselves deficient in this respect to formally begin the study in their own person as in that of others. Self-study is always useful, for it develops unexpected weaknesses that may be corrected if there is a disposition to improve, and it at least gives suggestions as to the weaknesses of others, through which they may be controlled or managed.

DOCTORS' FEES.

It is a source of constant regret to me that I cannot agree with all my correspondents. I trust, however, that none of them will ever think the worse of me for failing to fall in with their views. Here, for instance, is a gentleman who invites me to administer a rebuke to an East End doctor, who figured at a recent inquest. The offence was this: On being called to the deceased man, who had met with a bad accident, the doctor stated that his fee was 2s. 6d. He was informed that the money would not be forthcoming till later in the day. Thereupon he retired, and the patient was taken to the hospital, where he died. Now, it so happens that in this case the doctor's refusal to attend was shown to have in no way hastened the man's death. Apart, however, from that consideration, how can the gentleman be blamed? An East End medical practitioner is presumably not practicing as a philanthropist, but earning a very modest livelihood by very hard work. It is just as necessary for him to refuse to give advice *gratis* as it is for a baker to refuse to give bread to every starving man who may look in at his window. What

I would suggest is that, in cases where medical assistance is urgently required, and the patient is too poor to pay for it, the doctor should be allowed afterward to recover his fee from the parish.

BOOMING MEDICINE.

The insane rush of young men, and women, too, into the profession is chiefly owing to the extravagant puffing of a considerable portion of its members regarding the financial results of their labor. I have a couple of physicians in mind with whom I was familiar both as a youth and after entering the profession, whose careers are somewhat typical of the "booming" class. The one was the leading physician of a large town. He claimed and was generally accredited with doing a practice of $25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years, he suddenly collapsed, leaving his creditors in for over $20,000. The other practiced in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and had rarely time to take his meals; he lived quite inexpensively, except in the matter of horses; he took but one holiday during his whole career; and he affected, and was generally supposed to be possessed of, fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than $5,000. I can name a score of men in the profession to-day who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does it more injury than any other affliction to which it is subjected.

THE PRACTITIONER AND HIS FINANCES.

The man who neglects to secure his financial position by careful investments, insurance, and prompt collection of bills, may arrive at the age when he ought to cease active practice, and yet be obliged to continue to make his daily living. Too often keen, able practitioners develop into querulous, jealous, disappointed old men, because they are obliged to compete with the younger men when they ought to have retired with honors.

CONTRACT LODGE WORK.

Did time permit, I would like to add my protest against the debasing practice of contract lodge work.

Vampire never bled its prey more mercilessly than the pseudo-benevolent societies have the lodge doctor. While wholly dependent on him for existence, the lodge committees have dictated a ridiculous fee for his services, and the plastic physician, by his acceptance of it, has signed an acknowledgment that he has joined the army of men who are doing business by giving "a quarter off," "tremendous bargains," "slaughter sale," or "cut-rate tickets."

Nowhere is the medical profession "on the down grade" so much as in pandering to this influence, and, left to their own impulses, as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worst feature of the whole affair is that they are nearly a unit in declaring against the practice, and, believing it is subversive of the best interest of the profession, are willing to abandon it, but are deterred from doing so because some of their confreres are only watching to slip into their shoes.

THE ETHICS OF THE MEDICAL PROFESSION.*

BY H. P. ELLIOT, M.D., MORDEN.

Mr. President and Gentlemen,—Among the sailors there are some things one is not supposed to do until he has travelled once round the globe, or doubled the Horn twice. Likewise, I think a medical man should not read a paper before a society till he has been ten years in practice, or has at least proved himself a shining light in some particular branch of the medical science, which I cannot pretend to have done. Still, the mandate has gone forth from our worthy President, and I must comply, to the best of my ability, with a paper on the "Ethics of the Medical Profession." It is not without some trepidation that I stand here, feeling as I do that at least half the members are my seniors both in age and medical experience. Before entering on the subject itself, we may spend a few moments with the history of ethics.

The true translation of the Greek word ἦθος (ethos) is custom, usage, or character. Ethics, generally speaking, is connected with ontology, or theology, with universal good

* Read at the meeting of the Southern Medical Association, at Brandon, Man., February 26, 1902.

inclusive with human good, with politics and jurisprudence, natural law and psychology. Plato, Aristotle, Pythagoras, Socrates, Democritus, all had their several schools and tenets, but practically got so far as, and agreed that, it was a matter of the "highest law of the universe, to which the wise man will conform towards a divine harmony," and, in a mundane sense, of "civic excellence, with the greatest good towards oneself and the community." That was practically the agreed basis from which they started, but as to the manner of carrying out their principles, these wise men wrote and argued and squabbled; admitted truisms and admitted paradoxes, Socrates even going so far as to force his opponents to admit the ignorance of the real meaning of the terms they used. Following them we find the various schools, including the cynics, the stoics, and epicureans, each with its different tenet regarding the same thing, on to the middle ages, when ethics of life became more or less synonymous with religious excellence, till now it practically means the *method tending towards the greatest good.* Kant, in his "Metaphysics of Ethics," sums it up in one word: "duty."

The question is, What is the greatest good one can find in medical practice? or, in other words, What is the *ideal* regarding our profession, and how can we aim towards that ideal? This is the point I wish to take to-night. The actual rule, or custom, must vary with the country and the community, as, for instance, advertising in Britain is most strongly opposed to professional ethics, whereas here a professional card in a journal is admitted; customs may vary, but I hold that the ideal cannot change. The matter of medical ethics was brought up at the last meeting of the British Medical Association at Cheltenham, and the answer to the question: "What is your opinion of Medical Ethics?" was: "To think and speak of, and to act towards your medical brethren, as you would have them think and speak of, and act towards you." Here we find no hard-and-fast rule of what the medical man shall or shall not do; it simply holds that he shall act as a true man towards his professional brother, rightly taking it for granted that he will do the same towards his patients.

A great difficulty lies in the fact that the practice of medicine is, with most of us, a means of livelihood, whereas, in my opinion, the ideal, though granted impossible, is that medicine should be practiced as a science or hobby. In Bellamy's fantastic dream ("Looking Backward"), the doctor, as are all professional men, is maintained by the State. He

joins a profession only because he feels called to it and fitted for it. Thus it is not a means of gaining a living, nor of socially elevating himself above his fellows, for all are equal, but simply because it is his ideal in life. Few of us could follow the profession in such a way, and perhaps it is as well so, for in this world of supply and demand, should the number of adherents to medicine for medicine's sake be great, then others who depend upon it for their bread would suffer. I remember such a case. A retired medical man, with a large private income, used constantly to treat patients in the village for nothing. His argument was, "He saw no harm in it, for he took no fee," but to me it seemed that he got a large share of those who could pay, while the regular medical man of the district got a large share of those who couldn't, or wouldn't. So for the present we must look at the profession of medicine as a means of livelihood, and strive for the highest ideal in it as such. Our duty lies towards ourselves, our brother practitioners, and lastly, towards our patients. I put ourselves first, not from any selfish motive, but with the conviction that the following words of Shakespeare will prove my position:

Polonius to his Son

"This above all,—
To thine ownself be true—and it must follow, as the night the day—
Thou canst not then be false to any man." Hamlet Act I. Sc. 3.

Ambition, gentlemen, is a noble sentiment; it is well to climb the ladder of fame, with due reflection on its frailty, but as we climb we must remember that it must be by sterling worth in ourselves, by dint of hard and honest work, that we pass our fellow-creatures, not pull them down to our level, or try to force them below us by casting aspersions on their work, their methods, or their character, nor by stealing their brains. By those means we climb over them, not pass them, using their shoulders and treading on them instead of the ladder, rung by rung. We may take Pope's words to heart:

> Unblemished let me live, or die unknown;
> Oh! grant me honest fame, or grant me none."

Then, if we reach the top rung of the ladder of fame, let us not maim or disable those that follow. It is unmanly, and, apart from that, it may be dangerous to us personally, for perhaps there are some who can pull us down, however secure we may feel; and, remember, the higher we are, the farther there is to fall. There is room for all at the top, and if we gain it, let us rather reach down and help another up than try to repel him. It is hard, gentlemen, to come

down, but it is infinitely harder to be kept down. The actual success as a crown to ambition is but a poor satisfaction. Longfellow rings true in his "Hyperion" when he says: "The talent of success is nothing more than doing what you can do well and doing well what you can do—without thought of fame."

We are all climbing—some fast, some slowly, some apparently resting on their way to dream, but ofttimes really working out some means of salvation for the community. We are all striving for the same goal, and the ideal is to help one another, to help the noble science which even yet is still in its infancy, and to help ourselves by continued application of our best endeavours to that end. Remember how easy it is with the fickle public opinion to surpass another. Naturally we are not all cast in the same mould; some have a larger quantity of grey matter and a quicker intellect for using it. Naturally, therefore, the more brainy man will surpass the others. I do not mean in that way, though, but when, by some little slur on our confrere's work it need not even be spoken—we are for the moment raised above him in the public mind, and often flatter ourselves that we have gained a step higher. Then I say it is opposed to the true ethics and ideal. Beware! Man is generally judged by his worst output, and, as a rule, someone else gets the credit for his best. Beware! "The mills of the gods grind slowly, but they grind exceeding small," and, perhaps, some day *you* may be judged by your worst output, with no friend near to help or console you—or someone else may get a step higher on your work. Let us, then, be fair and just and honest amongst ourselves, giving honor where honor is due, glancing over the fault or slip of a professional brother when we see that without our aid he will go down.

And now the ethics of the profession as regards the lay public: What is the highest position we can take regarding them? They must be taught that "The laborer is worthy of his hire." Is it not true that we waste all the greenness and pith of our life in striving for a distinguished slavery, and when such a goal is reached, are there not some amongst us who, but for the sake of the ideal of the profession itself, would think that a humble independence would have been better? There is no reason because we are following a profession, one of the noblest there is, that, on the one hand we should trade our work like common hucksters and charlatans in the open market, or, on the other, that we should be mild philanthropists, dependent on the charity of the public for

our bread in return for our work. We have the general responsibilities of life to face just as others in this world, and it seems to me absurd that because our profession demands natural charity, and a kindly mind and spirit, that we should be imposed upon again and again, as we undoubtedly are, in the same way. "The Lord will repay"—there is too much of such sanctimonious hypocrisy, and I see no justice in the idea that a medical man should lose caste by insisting on receiving his just dues. We get little else; genuine gratitude is most noticeable by its absence, though we often have to take a poor imitation of it, as "payment of account in full to date" (and as long after as we can manage). As to the actual treatment of the patient, we must be true to ourselves and to our opinion; we must be honest. We must make up our mind as to the condition and treatment of our patient, and follow it out—not with a snug, self-satisfied conceit that we cannot be wrong, but with a humble opinion that we are right. Show confidence, but do not be afraid to ask help, do not be too cowardly to refuse it; nor, when help is given by you, seek to use it as a means of personal self-aggrandizement. In our treatment, as in our lives, we must—

> "Be bold, be bold, and everywhere be bold,
> But not too bold, yet better the excess than the defect,
> Better the more than less."

We must treat our cases according to our principles and our experience. Coleridge, to my mind, gives one of the finest similes of that. He says that "Experience is the stern-light of a vessel, illuminating only the path over which we have travelled." Let us, then, not be afraid to speak our experiences, but rather try to shed some light for a possible traveller following in our wake, who may be striving in darkness, amidst broken and troubled waters.

One minute more. Perhaps you expected from the title of this paper an opinion as to the ethics of: "A. has a patient; B. is called in, in consultation, and differs from A. C. is then consulted; B. refuses to meet C. What is the position of B. to C. according to the ethics of the profession?" In my opinion, gentlemen, these are the squabbles of the profession, not the ethics. Theory and practice seldom run hand in hand—often they are totally opposed to one another; it rests with us individually, then, and with the profession as a whole, to make the practice follow as nearly as possible to the theory of the ideal.

> "Let us then be what we are, and speak what we think,
> And in all things keep ourselves loyal to truth."—*Evangeline.*

Then, in future years, when we cease our labors, we may look back upon the past with pleasure and with no regrets. For ourselves, may we be able to echo the words of Omar Khayyám: (1060–1120)

> "Death hath no terrors when the life is true;
> 'Tis living ill that makes us fear to die—
> And I have done my best."

And for our confrere and colleague may we say: "He was my friend—faithful and just to me."

DOCTORS AND THE CLERGY.

We have, more especially of late, observed some startling revelations of eminent divines as regards personal relief and cure from the use of patent medicines; in fact it would appear as if a sudden inspiration had prompted such leading luminaries—"leaders of faithful souls and guides of those who travel to the skies"—to give themselves a gratuitous and widely spread celebrity (?), even if such is of the lowest grade.

If such men are to pose as expounders of the errors of superstition and as examples of the highest literary and theological learning, we fail to see in their testimonials, that is, in the act of presenting such, that they are not advocating and endorsing superstition and credulity. In other words, they but acknowledge the superior virtues of quack compounds in preference to prescriptions of our profession.

It is an axiom that old women and preachers are the best advertisers of patent medicines, and such will be found to be correct upon investigation. We may forgive the old dames, but the clergy who, in many instances, have received and are receiving gratuitous medical attention, we can in no way excuse.

During a practice of more than one-fourth of a century in village and town, I must admit I yet have to receive thanks or financial recompense for any medical services rendered to the families of preachers. On the contrary, I have never yet seen a minister who did not wish to illustrate more or less medical skill, and to place himself in the eyes of his flock as the possessor of medical lore akin to that of the regular M.D. Yes, many instances of clerical interferences in my own and the practice of my fellow-practitioners most bitterly I can recall, and yet such reverend gentlemen can and do recommend this or that worthless proprietary compound even to my patients, and yet unblushingly accept my services without

a thought of even thanking me, while payment is never considered.

Recently one of this order of celestial guides gave instructions to one of his flock to send a lock of his hair with a small fee to a quack advertiser for a cure for sciatica, and yet this Rev. Mr. Sky Pilot is allowed to address intelligent men, and is supposed to be a "light to them in dark places;" in fact, it is but an illustration of the blind leading the blind.

Then, too, it is an admitted fact that among the most faithful and ignorant of all churches there exists a belief that their spiritual guides are possessed of considerable medical knowledge, which in many instances they plainly exemplify, and is conflicting to the regular physician's orders. To be brief, it becomes every licentiate in medicine to render no gratuitous services to these reverend gentlemen who with smiles reward *us* for services, but with their shekels and words encourage *quacks and laud their compounds*, thereby encouraging superstition and credulity, and evincing disrespect for our learned profession. Fortunately the number of such described ministers is few, and the best educated among them are our best supporters.

GRATUITOUS SERVICES.

To the Editor of the "Canada Lancet."

Sir,—Please insert in the "Lancet" the subjoined copy of a letter I received some years ago, when I was in my first year's practice, from an old and eminent surgeon who lived in an adjacent city, Fort Dodge, Iowa, U.S. By the publication of this you would open the eyes of young practitioners to avoid thankless, gratuitous services.

> Blow, blow, thou winter wind,
> Thou art not so unkind
> As man's ingratitude,
> Thy tooth is not so keen,
> Because thou art not seen,
> Although thy breath is rude."

> "That man may last, but never lives,
> Who much receives, but nothing gives;
> Whom none can love, whom none can thank—
> Creation's blot, creation's blank."

My Dear Doctor.—Yours was duly received, and in reply would give you a few words of advice, at which do not feel offended, being in a friendly spirit, and for our mutual good. Having in a long time of practice, both from choice and from necessity done a great deal of gratuitous service,

amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing, always offset it by liberal abuse, which keeps away those who would pay.

The man you write about may be a very worthy man, but if you were making a struggle to build a house, would he or anyone else work for you at reduced rates. It is the doctors themselves who allow their kind feelings to overrun their judgment, that are responsible for wholesale robbery to which every doctor in the land is subjected. We deal with the most afflicted; so does the undertaker, who is not expected to work for nothing. We can maintain no rights that we weakly yield to extortion. The doctors are most universally regarded as rich persons who ride about for exercise, and practice for philanthropy, to be paid if everything turns out lively; if it should not, they can go to the d——l, and must not complain. The people who pay are always grateful; the thieves are like other dead beats, abusive, and always the most exacting and querulous.

My fee for ——— is $150, and I do not want cases at that. The responsibility incurred is so very grave, and you or I or anybody else should not shoulder extra responsibility without proportional pay. If he cannot pay for what might save a life, his friends or the public should. It is easier for the town to shoulder the cost than two or three poor devils who had the bad luck to study physic. Now or never is the time to put ourselves on a par with other business, and as we have the same losses, we must ask for the same gains.

Yours faithfully,

NICHOLSON.

ABUSE OF MEDICAL CHARITIES.

The *Review* has frequently referred to the above subject, but as it is one of such vital interest to the medical profession it will bear further discussion. It goes without contradiction that hospitals and charities are being multiplied at a fearful rate. It also is equally true that a great many are going to these institutions for treatment, and receiving the same for nothing, or a very small fee, who are abundantly able to pay for medical attendance. In the *Philadelphid Medical Journal* for April 23rd, Dr. F. H. Wiggin has an article on this abuse of charity. He shows that in the State of New York 350,000 more persons applied for and obtained

such charity, or gratuitous medical attendance in the year 1897 than the year 1895.

For this tremendous evil he suggests a remedy. In the first place, the profession should give the laity to understand that medical services have a pecuniary value, and that those who can pay something for such services should not receive the same wholly free. The next point is that every institution granting medical charity should be placed under some sort of inspection as would control the indiscriminate granting of treatment.

Then in the *British Medical Journal* for April 16th, there appears a lengthy and strong editorial along the same lines. The *British Medical Journal* points out the fact that many hospitals charge patients a small fee. This makes matters worse than where no charge is made, as it has the effect of making the patients feel that they are really paying for their treatment. When a powerful hospital will treat a patient in its out-door department for threepence, the unfortunate doctor is driven to the necessity of making a visit for the same fee, and the *British Medical Journal* states that doctors in London do make visits for such a fee.

But there is another phase of the question. Many hospitals and charities are receiving a regular grant or income from workingmen's clubs and unions. The members of these unions claim cheap attendance, and receive it as a matter of fact. In this way these institutions have gone into the club practice, and are waging a winning warfare against the poor doctor who has also been doing this very same lodge practice. One can see at a glance why the institution with all its influence and prestige is bound to come out first in such a competition for patients and favors. At the central London Ophthalmic Hospital out-patients are charged two pence a visit, while no special inquiry is made as to whether they could pay a proper fee.

Take a large hospital with an income, from patients, private donations and municipal or government grants, of $20,000; not one copper of this goes to the doctors or the staff who really do the work. The patients may have contributed a large portion of this sum, but it goes to the institution.

Medical men must join hands to defend themselves against these evils. Let the outside world cry "trades union" if it will. The medical profession has now suffered much, and that, too, patiently. The time has come when the battle-cry must be "To arms." A powerful defence must be

formed to wait on the Government and on the various municipalities to have this abuse of charity stopped. A millionaire can go to a hospital and obtain board, bed, nursing, medicine and medical attendance for $2.80 a week!

There are, and always will be, some destitute poor who need assistance, but a little care can always find out these. But this need be no reason why an honest effort should not be made to chase away those who wish to obtain something for nothing, and who at the same time are well-to-do people, as mechanics, or in some business, or have houses and lands or a long bank account. Just think of the person who went to a New York dispensary some time ago with $50 in his pocket-book!

Who will be the hero of the campaign? When civil and religious liberties have been threatened, such men as Luther, Knox, Cromwell, Garibaldi, Gustavus Adolphus came to the rescue. Here the very existence and rights of the profession are being invaded and undermined. We have had Sydenhams, Jenners, Hunters, etc., in discovery; let us now have a Bruce, or a Pym, or a Washington, or a Kosciusko in the cause of our rights for a change.

THE COUNTRY DOCTOR.

I'm a country parish doctor with about enough of pay
Just to give myself a dinner when my horse has had his hay,
And I must go on a-working for the pittance that I get,
There's such awful competition, such a lot of human sweat;
Though I often thought 'twere better if I dropped the weary load
And just stepped into the pasture from the grinding of the road,
For I'm almost as familiar with the moon as with the sun,
For my work is often hardest when all others' work is done;
And when each man of labor is fast sleeping in his bed
I must shift a weary body, try to bear a weary head.
It's no matter if the storm carries on its wings the snow,
And the heavy clouds of winter shroud in darkness all below,
And the way lies o'er the moorland, where you easily miss the track,
I must carry out the order or they'll jump upon my back.
So it's saddle up and face it, though before I'm back the night
May have given place to morning with its raw and chilly light,

When you find your back has shivers and your feet and hands
are numb,
And the feelings of exhaustion o'er your drooping spirits
come.
For it's not like serving uncle when you're 'neath the parish
rule;
Any man who thinks it is so—well, he's thinking like a fool;
And I wish he had the guardians to contend with if he broke
Through a trifling regulation, then he'd find it was no joke;
For they'd buzz around and sting him, as the gadfly stings
the horse
When you see him in the pastures hold a wild, distracted
course.
For it's a rule I've noticed, in the ways of things below
That the fiercest ones in nature are the meanest of the show,
And a little brief authority if ignorance has got
Makes it just about the fiercest and the meanest of the lot.
Oh, that I'd enough of practice in a private sort of way
To enable me to parish work to bid a long "Good day;"
But this awful overcrowding fairly chains one to the mill
Till you melt and shed your spirit from a body weak and ill.
Then before you're hardly planted where the parson mows
the grass
There are many fellows striving to the vacant place to pass.

DIAGNOSIS WAS CORRECT.

A famous Scottish physician was, unfortunately, given to drink. He drew the line on the safe side of uproariousness and incapability, but not infrequently he was so muddled as to be consciously unfit for his work. One night, when he had more than a wee drappie in his eye, he was sent for by a lady of title. He responded, went to visit her, sat down gravely by her bedside, looked at her tongue, felt her pulse, and asked one or two questions. Conscious of his unfitness for work, he momentarily forgot himself, and exclaimed: "Drunk, by Jove!" Recovering, he managed to write out a single prescription and went home crestfallen that he had so badly given himself away. The following day the physician received a message from his noble patient, asking him to call. He responded, though much uneasy in his mind because of the summons. The lady told him she had a confession to make, that he had rightfully diagnosed her condition, and that unfortunately of late she had given away to liquor, and

that she implored the physician to keep the matter profoundly secret. He listened, as grave as a judge. "You may depend upon me, madam," he said at length; "I shall be as silent as the grave."

A BISHOP'S OPINION OF CHRISTIAN SCIENCE.

Bishop Fallows, of Chicago, is to be commended for his critical genius as well as for his capacity to manufacture a new nomenclature—if the latter is really a commendable thing. He tells his good friends in the church who are inclined to be Christian Scientists, that if they are going to start a new religious system because they happen to have been healed at some time though the influence of a mental law as universal as gravitation, then the people who have been cured by patent medicines have just as good reason to establish medico-religious cults as they have. Thus he suggests that there would be Christian Liver Pillists, Christian Sarsaparillists, Christian Celery Compoundists, and Christian Cholera Mixturists. He might have added a good many more, especially if he had taken their names from the quack advertisements in the religious press. Bishop Fallows is doubtless brought into contact with a good many persons who mix their theology with their therapeutics, and therefore his suggestions are worth heeding. Professor Jastrow, from another range of vision, points out that the doctrines underlying this foolish system are not characteristically religious ones, but that they are only distorted into a religious guise. This criticism is a profound one, and should be a source of comfort to those alarmists who fear that Christian Science will overrun the land. It means that this system is no more a religion than it is a science, and therefore that it is probably destined to an ephemeral existence. Persecution will help it for a while, but a wise and forceful administration of the laws against it will do much to exterminate it. It is an illegal practice in this State.

ANNOTATION.

Rev. J. P. Sheraton, D.D., LL.D., Principal of Wycliffe College, University of Toronto, is the author of the booklet "Christian Science," which criticises most learnedly the errors, etc., of this false science. The doings of Cagliostro, Baron de Hund, Chevalier Barbarin, Nostrademus, and the Rosicrucians are being repeated in these enlightened days,—for the "madness of the people is equally as great for popular delusions as in their times."

THE DOCTOR'S HORSE.

Written for the "Montreal Herald" by Mary W. Alloway.

She's sinking fast, my poor old Bess,
Her end is drawing near,
Together through life we two have jogged
Through many a long, long year.
It may seem foolish—perhaps it is,
To drop this falling tear,
But one of my staunchest, truest friends
On this straw lies dying here.

For twenty years or more we two
Have toiled and drudged together;
We've travelled many a weary mile,
We've faced all kinds of weather.
For miles and miles the country round,
Everyone knew old Bess—
How welcome the sound of her ringing hoofs,
In sickness or distress!

How glad were the anxious watchers,
If a little child seemed worse,
To whisper, as we two galloped up,
"Thank God! it's the doctor's horse."
In many a wild, bleak winter's night,
When the snowflakes blurred my sight,
I'd lay my hands on the reins and say,
"Bess, I leave it to you to-night."

And she'd bend her head to the biting blast,
And push through the drifts alone,
Till at last, through the dreary darkness,
We'd see the lights of home.
Once when the swollen river
Away the stone bridge tore,
With a resolute plunge through the surging tide,
She bore me safe ashore.

It was almost human at times to me,
How much she seemed to know—
When life and death in the balance hung,
How brave old Bess would go
Over the ground, with grand, strong stride,
And neither pause nor rest,
With a pace that told, as the miles went by,
She'd gallantly do her best.

For when sorrow and sickness sorrowed a home,
And the angel of death drew nigh,
None were so welcome to the door
As my faithful horse and I.
In the darkness of night as we rode along,
When a light from a candle gleamed,
I believe she knew we were wanted there—
At least, so it always seemed.

For I've let the reins fall on her neck,
And quietly sat on her back,
And she'd stop where the light of the candle fell
Across the beaten track.
And seemed to expect me to dismount,
And turn her head to see;
Ah! we understood each other well,
My bonnie Bess and me.

If the door was opened noiselessly,
And I spoke in whispers low,
She would act as if 'twas a critical case,
Even a horse could know.
But if with a whistle and cheery laugh,
I would pat her, and say, "Good Bess!"
By the toss of her mane she would almost say,
"It's a slight attack, I guess."

I remember the day I bought her well,
I fancied her clean-cut limb,
Her shoulder deep, her eye so full,
Her nostrils keen and her head so trim.
She reared and capered and pranced that day,
As home we rode along,
For Bess and I were blithe and gay,
In our youth so long agone.

Oh, nothing could get ahead of her
That day in the sweet, green lanes,
For the blood of old Kentucky sires
Ran in young Bess' veins.
Her mouth was tender, and never a whip
Raised a hair on those glossy sides;
A word was enough to guide her with,
And the lightest touch besides.

Ah! how fine she looked that fair May day,
With white "favors" on either side,

When proud and happy Bess and I
  Brought home my blue-eyed bride.
Then, how careful and steady she stepped along,
  When my bonnie bairnies three
Filled the old gig and held the lines,
  To drive old Bess and me.

On the day when the sun seemed blotted out,
  When the bell tolled long and low
For her we loved, how solemn her step,
  When we followed, sad and slow.
I have through the years had many a friend,
  And loved ones fond and dear,
But none more faithful, tried and true,
  Than this old friend dying here.

THE PNEUMOGASTRIC NERVE.

Eugene Field, that "sweet singer" of Chicago, who must have suffered from "La Grippe," is credited with the following ode:

Upon an average, twice a week,
  When anguish clouds my brow,
My good physician friend I seek,
  To know "what ails me now."
He taps me on the back and chest
  And scans my tongue for bile,
And lays an ear against my chest
  And listens there awhile.
Then he is ready to admit
  That all he can observe
Is something wrong inside, to wit:
  My pneumogastric nerve!

Now, when these Latin names within
  Dyspeptic hulks like mine
Go wrong, a fellow should begin
  To draw what's called the line.
It seems, however, that this same,
  Which in my hulk abounds.
Is not, despite its awful name,
  So fatal as it sounds.
Yet, of all tormentors known to me,
  I'll say without reserve
There is no torment like to thee,
  Thou pneumogastric nerve.

This subtle, envious nerve appears
To be a patient foe—
It waited nearly forty years
It's chance to lay me low;
Then like some withering blast of hell
It struck this guileless bard,
And in that evil hour I fell
Prodigious far and hard.
Alas, what things I dearly love—
Pies, pudding and preserves—
Are sure to rouse the vengeance of
All pneumogastric nerves!

Oh, that I could remodel man!
I'd end these cruel pains
By hitting on a different plan,
From that which now obtains.
The stomach, greatly amplified,
Anon should occupy
The all of that domain inside
Where heart and lungs now lie.
But, first of all, I should depose
That diabolic curve
And author of my thousand woes,
The pneumogastric nerve.

DOCTOR OR PHYSICIAN?

The designation "physician," as applied to medical men, is, considering its origin from the Greek word, the adjective "physikos," not really appropriate, except rendered so by long established usage.

"Natural; produced by nature; inborn, physical; as opposed to moral; metaphysical, are definitions expressed by this adjective, and the Ionic and Eclectic philosophers were named physikoi, as they were engaged in speculating on the existence and origin of things, not regarding the moral nature of man."

A later definition, however, signifies magical or sympathetic. For example, "physika pharmaca" (magical drugs or medicines). Thus, in no sense can the word physician be applied appropriately to those of the medical profession, unless, when so applied, it has reference to those who, like Hippocrates or Sir James Paget, were possessed of profound erudition in all sciences; in fact, entitled to be styled "Doctor

of the University," a German title recently given to one, the most learned in a German university.

"Physicien" in French signifies a natural philosopher; thus a better derivative from the Greek word above named. Yet we understand it signifies also a juggler or mountebank.

"Iatros" is the word in Greek for physician, or rather medical man. "Iatre therapeuson seauton" (physician, heal thyself) is an illustration of its usage. In no classical writings do we find any word derivative of "physis" applied to a doctor or our profession.

Thus the title "doctor," which for many centuries has been so honorably given to those of the honored professions—law, divinity, and medicine—but has become somewhat debased in consequence of its adoption in several so-called professions during the last twenty or twenty-five years, is one that will be preserved by us, and will need no explanatory affix to designate a member of the medical profession. Really, it signifies teacher, as we read in Horace's Satires, Book 1: "Ut pueris odim dant crustula blandi doctores, elementa velint ut discere prima;" that is, "teachers or masters gave their children sweet-meats to encourage them to study." "Doctus," learned and brilliant, was the title given to Caius Valerius Catullus, a facetious and witty writer of epigrams, and some classical scholars have thought that this word should be used to designate the medical man, for the word really means learned, educated, and scholarly.

Physician and doctor are not synonymous, as many M.D.'s and the public believe, for by the first we are to understand a natural philosopher, and by the last named a teacher. Is not "doctus" the better title? Our best Canadian universities, and several universities in the United States, are arranging courses whereby the student can, during six years, acquire the B. S. or B. A. degree and fully complete the course in medicine. Such combined curricula will qualify most thoroughly those students who wish to be better prepared for the work of their lives, and to them the title "physician," "doctor" or "doctus" can be well given, and the designation "physician" most especially so.

When the state will become sufficiently cognizant of the worth of medical men, and learn that the safety or health of the people is the supreme law, such combined courses will be demanded and regulated by the highest and most intelligent legislation, and all joint-stock medical colleges will be silenced, for their graduates can not, as a rule, have surrounding them the influences so essential to their success in life and

* Suetonius says that in his time many a man was dubbed Doctor who was really only Semidoctus and the present day affords many more such examples.

respectability among scholarly men as are peculiar to our universities.

If medical ethics were taught at our universities and colleges, and the responsibility and dignity of the medical profession well and frequently illustrated, the people would be benefited as well as graduates, and our usefulness be increased and appreciated. Then our title "doctor" or "physician," when acquired after a six years' combined course, would be truly and well applied.

The designations "Practician," "Practitioner," "Clinician," are not meeting with much favor among our best scholars.

The Dominion *Medical Monthty* says: In the 12th century distinguished scholars, not engaged in teaching, were given the title, and expressions intended to characterize their excellency or gifts were added, thus: "Thomas Aquinas, Doctor Angelicus;" "Roger Bacon, Doctor Mirabilis," etc. Thus we find the word was long used as a common expression for teacher before it became recognized as a distinction for a degree or rank in the learned hierarchy to which only the united body of teachers could advance or promote the candidate.

The first reception of doctors took place at Bologna (the seat of the first legally incorporated university) in the 12th century, and in 1145 at the University of Paris. "The title of doctor," says a good authority (Mitchell's Encyclopædia, London, 1838), "seems to have been created in the 12th century, instead of master, by Peter Lombard and Gilbert Porrens, chief divines of the University of Paris."

The emperors gave authority to universities to give the doctorate in laws after this period; the popes gave corresponding rights in regard to the canonical law. "In modern times," says Alden, "the title of doctor has been applied almost everywhere to the three faculties, theology, law and medicine. In Germany and in the United States it extends to that of philosophy. The degree of doctor was introduced into English universities in the reign of John or Henry III.

The title under consideration is one which rightfully belongs to the learned professions (theology, law and physic), and when unconnected with them, it loses its significance as evidence of culture or merit. "In Germany the doctor ranks before the untitled nobility and next to the knight; and among themselves doctors take the rank of the faculties to which they respectively belong, the first theology, the second law, and the third medicine." (Alden's Encyclopædia.)

Academic degrees, as has been mentioned, were first instituted at Bologna, and the forms designative of the various orders of academic dignity in that university are stated to have been the *Baccalauratus, Licentiatus* and *Doctoratus.*

Besides the well-known and highly honored degrees of D.D., LL,D., D.C.L., M.D. and Ph.D. (which last degree was bestowed by the University of Gottengen, in 1787, on Dorothea Schlozer), we have the Mus. Doct., Sc. D., Pharm. D., Litt. Doct., and recently we notice that veterinary surgeons, dentists and others have been given the doctorate. We imagine that before long the title of *doctor* will be *extremely* common, and that blacksmiths, barbers, etc., can get diplomas; for it would seem as if our universities and colleges are very anxious to establish new faculties.

OLD-TIME REMEDIES.

In these days of modern ideas and modern ways of doing things, many progressive physicians are inclined to leave behind or forget many of the old tried measures and remedies which they have used successfully in treating disease. In the Middle Ages many physicians made a reputation by treating disease with old-time remedies. That many of the newer surgical operations are great improvements, no one doubts, but it is also true that many of the medicines and palliative measures in vogue a few years ago are equally as good in the treatment of disease at this time. In the eager desire to adopt new methods, and particularly surgical ones, physicians are forgetting the old and well tried ones.

A well known surgeon of London, England, was called upon to treat a lady suffering from menorrhagia; the hæmorrhage was so frightful and had been so long continued that he despaired of saving her life. He explained to her that the only thing that could be done was an hysterectomy; to which neither she nor her friends would consent. Finally, as a *dernier ressort,* he concluded to try an old-time remedy—infusion of digitalis. This effectually controlled the hæmorrhage, and, although three years have elapsed, the woman is to all appearances well.

This is only one of the known and well tried remedies that are neglected; and if physicians were to study materia medica a little more closely many of the modern surgical operations would become unnecessary. In their early stages most

ills are usually amenable to drugs, and if medicines were properly given much of disease would never reach the point of requiring the use of the knife.

Of all people in the world, a practitioner of medicine, whether physician or surgeon, should be liberal, broad-minded and far-seeing. He should use the knife when necessary, but should also employ the simpler and less hazardous means of relieving disease whenever possible. To do this he should know the action and province of every well known drug, as well as how to perform a surgical operation.

NOTE.—A Suggestion—There should be established a Materia Medica censor, whose duty it shall be to decide as to the therapeutic value and the ethical character of all (and especially new) drugs and combinations of drugs, offered to the medical profession, as well as a host of allied substances, such as glandular extracts, artificial foods, food-substitutes, and the like.—*Red Cross Notes.*

STAFF NURSE: OLD STYLE.

The greater masters of the commonplace,
Rembrandt and good Sir Walter—only these
Could paint her all to you: Experienced ease
And antique liveliness and ponderous grace;
The sweet old roses of her sunken face
The broad Scot's tongue that flatters, scolds, defies;
The depth and malice of her sly gray eyes;
The thick Scot's wit that fells you like a mace.
These thirty years has she been nursing here,
Some of them under Syme, her hero still,
Much is she worth, and even more is made of her.
Patients and students hold her very dear;
The doctors love her, tease her, use her skill:
They say, "The Chief" himself is half afraid of her.

NOTE.—"The Gentlewoman" offered a prize for the best epigrammatic definition of the new woman, and among the many replies received were (says "New Age"):

The old maid trying to be a young man.

Six of one and half a dozen of the other.

A creature of opinions decided, and skirts divided.

One who has ceased to be a lady, and has not yet attained to be a gentleman.

Man's newest and best reason for remaining single.

Madam became Adam.

Mannishness minus manliness.

The palm, however, was awarded to the following:

"A fresh darn in the original blue stocking."

A friend of mine suggests one or more selections from above definitions as applicable in portraying the "New Nurse."—The Graduated Nurse.

THE NEW NURSE.

Under the above caption, a recent editorial in the "Practitioner" contains the following well-timed criticism: "The first volume of Professor Clifford Albutt's monumental 'System of Medicine,' which has recently appeared, contains an article written by a nurse. This is a somewhat startling sign of the times. Doctors were formerly supposed to teach nurses; now, apparently, the nurses are to teach the doctors. The next thing will probably be courses of instruction in nursing for medical men, who must at least be taught their place in relation to the New Nurse. This knowledge is becoming more and more necessary to the practitioner, and the want of it is likely to get him into trouble. The New Nurse waxes every day fatter, figuratively speaking, and 'kicks' more vigorously. She is no longer, it would seem, contented with a certificate; she must have a degree. At least 'post-graduate' lectures are given by learned ladies, and reported in the 'Nursing Record' for her edification. 'Exhibitions' are arranged where medical and surgical appliances of all kinds are displayed, to the admiration of the public and the greater glory of the New Nurse. Her tastes are strongly surgical, and she has a scarcely concealed contempt for the general practitioner. Even the hospital physician is made to feel that his attempts to hide his ignorance do not impose on her. If his cases recover, the credit is hers; if they do not, the fault is his. She is more tolerant of the student, for—to say nothing of his possibilities from a matrimonial point of view—he is more keenly conscious of his inferiority and more grateful for her patronage."

Although published a few years ago, this article is worthy of close study, and its statements are too true—and some cheap university will satisfy their wants in regard to the degree, and then the trouble will begin, or rather be intensified. The only chance of professional salvation for the coming M.D.'s is to marry them before they graduate.

However, Mr. Dooley says: "Th' diff'rence between Christyan Scientists an' doctors is that Christyan Scientists think they'se no such thing as disease, an' doctors think there ain't anythin' else. An' there ye ar-e."

"What d'ye think about it?" asked Mr. Hennessy.

"I think," said Mr. Dooley, "that if th' Christyan Scientists had some science an' th' doctors more Christyanity, it wudden't make anny diff'rence which ye called in—if ye had a good nurse."

THE PRACTITIONER'S DANGER POINT.

The medical student believes that the crisis of his life lies in his final examinations. The young practitioner places it in his first efforts to attract to himself and keep a sufficient number of patients to pay his office rent, or perhaps to justify him in holding that soul-trying interview with the parents of his beloved. There is, however, farther on in the career of the physician a crisis of which he should be warned by those who have successfully passed it. This crisis is at the point where the practitioner who has struggled patiently against the countless obstacles which start up like the clansmen of Roderick Dhu, from every rock and heather-tuft about his path, has won a living income, has gained a home and pauses to rest a moment from his toil. Shall he face again the steeps of the hill Difficulty? Or shall he be satisfied half way up its slope, cease to exert himself greatly and turn to enjoy for the rest of his life the honors and practice already won?

Here is the point at which so many capable lives are lost to medicine. They cease to struggle and degenerate—not swiftly, but surely.

The country practitioner, isolated from the stimulus of choice professional minds, little disturbed by competition, is exposed the most to this subtle danger.

It may be met by faithful digestion of a few choice journals; by careful purchase and perusal of recent master-works of medical literature; by more thorough study of and by recording for journal publication the puzzling or rare cases of practice; by inviting to the home and fireside from time to time those rare medical men whose very presence is an uplifting to mind and soul, and who are often glad of a few days' rest from toil.

THE SONG OF THE SADDLE-BAGS.

By H. C. S.

Faded and rusty, mud-spattered and worn.
Rifled of contents, bottles broken and gone,
Covered with dust, I hang here and mourn
For the days of yore;
When the world bowed down to me,
As I sang this song exultingly:—
"Now and forever, the whole round world wags,
To the rhythmic song of the saddle-bags!"

In palace and cottage, at sea or shore,
'Mid sunshine or storm, I continued to pour
Forth my treasures of healing, frail man to restore
To comfort and health—
Requiring no thanks, accepting no fee,
Again and again I sang joyously:—
"Now and forever, the whole round world wags,
To the rhythmic song of the saddle-bags!"

Like Napoleon I sigh'd, "the world is small!"
I longed for new races—to conquer them all.
I laughed when 'twas whispered I might have a fall
From my high estate.
I grew pompous and proud and vain as could be,
And continued my song exultingly:—
"Now and forever, the whole round world wags
To the rhythmic song of the saddle-bags!"

Oh, 'tis better, indeed, that my hopeless disgrace
Should be caused by a changeable human race
In its boasted progression (for such they've the face
To proclaim it!)
Old, battered, helpless, I accept the decree,
E'en though I murmur impatiently:—
"Never again! the whole round world wags,
To a *later* song than the saddle-bags!"

There's a lesson of sorrow for you in my song;
A lesson for all who believe themselves strong.
Remember that pride and great strength belong
To youth, and like me
The subject of jeers you may live to be,
As you childishly moan in your misery:—
"Never again! the whole round world wags,
To a *later* song than the saddle-bags!"

My old saddle-bags that have seen service with an Iowa Regiment in many engagements during the war between the North and South, and also were daily with me in my early practice in Iowa, I have carefully preserved—their sides, pockets, buckles and saddle-straps glisten as in olden times, though long unused, are carefully looked after. These and my fine saddle, my daily associates of former days, rejoice that H. C. S. has sung a song in their praise.

ADVICE TO DOCTORS.

By Dr. Cathell.

Do not let your wife or anyone else know your professional secrets, nor the private details of your cases, even though they

are not secrets; nothing is more mortifying or hurtful to the feelings of patients than to hear that the details of their cases are being whispered about as coming from the doctor or those he has told. If you allow yourself to fall into the habit of speaking too freely of ordinary affections, or submit to be indiscriminately interviewed concerning your patients, your very silence in disreputable cases will betray them. The credit of whole families and the character of its individual members will sometimes be at stake, and unless you shut your eyes and do not see too much, also your mouth, and do not say too much, it may ruin them and involve you. You will be allowed to see people in a very different light from that by which other people view them. The community see one another with a veil over their moral and physical afflictions, over their blasted hopes and the sorrows that flow from love and hatred, their poverty and their crimes, their vexations and their solicitudes; *you* will see the deformities, debilities and deficiencies with the veil lifted, and will become the repository of all kinds of moral and physical secrets. Observe reticence at your visits, and do not mention the private affairs of anybody from house to house. Seal your lips to the fact that patients have or ever had venereal diseases, hemorrhoids, fistula, ruptures, leucorrhœa, constipation, or that abortions, private operations, etc., have taken place, or that anyone takes anodynes or liquor, or has this, that or the other bad habit. No matter how remote the time, if patients wish their secrets told let them do the telling. You have no right to tell the affairs of patients to anyone without their consent. But while silence should be your motto, it is your duty to society and to the laws to expose and bring abortionists and unprincipled quacks and heartless vampires, whether acting under cover of a diploma or not, to justice, whenever you meet proof of their wicked work.

In prescribing medicines for the sick it is better to confine yourself to a limited number of remedies with whose uses and powers you are fully acquainted, than to employ a larger number of ill-understood ones. When you order unusually heavy doses of opiates, etc., instead of using the common signs, take care either to write the quantity out in full or to underscore both name and quantity. It is safer also to put the names of heavy-dose patients on their prescriptions. When you order morphia, etc., in unusually large doses, it is well to have it made into pills or granules, and direct the druggist to "put them into a bottle." It is so unusual to dispense pills in a bottle that it informs the compounder that the quantity

is not a mistake, but is as intended, and guards patients and attendants against taking or giving them in mistake. When you prescribe pills, powders, etc., for sailors and persons whose business exposes them to get their medicines wet or wasted, it is better to direct them to be put into bottles or tin boxes instead of paper boxes.

A placebo or tentative remedy should, as a rule, be small and easy to take. A very good form is prepared thus: Purchase a pound box of No. 35 unmedicated homœopathic globules, which cost but 35 cents, and immerse one-half of them in fluid ext. of belladona, and the other half in compound tinct. of iodine, for 20 minutes, then roll them about on a newspaper till all surplus fluid is absorbed, and let them dry; after which they can be put into bottles, with a small quantity of powdered cinnamon in one bottle and powdered licorice root in the other to prevent agglutination. These can either be given as globules, or put between paper, crushed, and given as powders; they make cleanly, convenient placebos for office use, and cost so near nothing, and a pound will last so long, that you can afford to give them away and charge such patients for advice only. They will suit almost any case requiring a placebo. Be careful to keep a straight face and to give minute directions concerning the manner and time of using inert remedies given simply to amuse people who are morbid on the subject of health, and you will do them double good. You will not only find that your placebos amuse and satisfy people, but you will often be surprised to hear that some full-of-faith placebo-takers are chanting your praise and are actually willing to swear that they are cured of one or another awful thing by them; cheated into a feeling of health by globules, or teaspoonful doses of flavored water, or licorice powder, as by a charm; some who seem to be magically benefited by a teaspoonful of—nothing—will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! What a sad fact for legitimate medicine! What a gold mine for quackery! Just here let me impress a caution: Take care that seeing cases get well thus does not create in your own mind unconscious deception, and lessen your belief in the necessity for medicine in real sickness, and modify or destroy your usefulness when medicines are required. Never send a patient to the drug store with a prescription for bread pills. It is not right to make any one pay for bogus medicines; besides, if, from among all the articles in pharmacopœia you cannot devise some trifling placebo that is more plausible than bread pills,

you must have an unusual paucity of resources. Moreover, were a patient to discover that he had been paying for such a thoroughly insipid cheat, he would naturally feel victimized and indignant.

Never solicit people, either by word or manner, to employ you; for such a course would surely either repel them or prevent your enjoying the necessary esteem. Many people are naturally capricious and fickle, and, no matter how earnestly any one tries to serve and satisfy them, they will change about from one to another. Others are more true, and will adhere to you through everything, good or bad, with surprising tenacity. You should, however, always found your hope of being retained upon deserving it. Do not set your heart or faith upon the continuance of the patronage of any one, for you will many a time be replaced by those you know to be far below you in everything that unites to make a good physician. Sometimes you will be unexpectedly and unjustly dropped out of a family, and the most ignorant or shallow fellow in the whole section, or an old lady, or a homœopath, will supersede you, and you may have to bear the reflection and the wrong without showing the slightest chagrin. Ability to promptly detect loss of confidence or dissatisfaction with either yourself or your remedies is one of the acquirements that you must seek to attain, if you do not already possess it.

A patient has a legal right to dismiss you from a case, and you have also a perfect right to relinquish attendance on him at any time. Indeed, you may sometimes find yourself so hampered or harassed, or maltreated in a case, that to retire from it is your only alternative. Whenever dismissed from a case, consider attentively the combination of circumstances that conspired to produce the dismissal, and how you might have averted it, that you may gain additional familiarity with the art of satisfying and retaining patients. Some people, indeed whole families, who will almost idolize you as long as you are lucky and have neither unfortunate cases nor deaths in their families, will turn as rudely and maliciously against you as soon as either occurs—as if you kept the book of life and controlled the hand of God. When you are unjustifiably dismissed from a case, especially if it is to make room for an irregular doctor, do not tamely consent to be thrown aside in such a manner. Express your perfect willingness and your determination to retire, but make it known in a gentlemanly way that treating you thus wounds your sensibilities, and that such action necessarily casts undeserved reflection on you and does your reputation a very great injury.

Such a protest will secure for you greater respect, and will counteract the injury following your dismissal better than if you meekly submit without protesting.

THE DEAN OF NORWICH ON DOCTORS' BILLS.

It is always pleasant to find the profession to which we belong properly and justly appreciated by those outside its bounds; perhaps all the more pleasant from the infrequency with which such appreciation is expressed. We, therefore, thank the Dean of Norwich for the kind eulogy of the medical profession which he introduced into his sermon at the cathedral on Hospital Sunday. His remarks concerning doctors' bills should be widely read, for they deserve the attention of many whose position in the world is undisputed, who stand well with their neighbors, and are looked on as honest men, but nevertheless relegate the payment of their doctors' bills to the dim and distant future. The Dean is reported to have said: "Nor can I, nor shall I, be silent about the wrongs to which scores of medical men are subject. I refer to the startling contrast there is between the inexorable demands which society makes on medical men and the elasticity of the social conscience with respect to their remuneration. I have known cases where men are summoned, at all hours, and at all seasons of the year. Their bills are presented with timidity, if not anxiety, and they are received sometimes with amazement, sometimes with indignation, and sometimes relegated to oblivion. Nor are cases unknown where the righteous demand for work done is met by calling in another practitioner, he in turn to suffer as his brother did before him. I cannot permit myself to imagine that I address any such wrong-doer here to-day. But if I do, then, in my Master's name, I entreat you to remember that the medical men of this nation are the highest type of their class in the world; they are entrusted with the secrets of domestic life; they have all our liabilities, with the special liabilities of their order; they frequently die as martyrs to science, to suffering, to sympathy, to destitution. . . . Believing this, my plea is that every unpaid medical bill be discharged generously, gratefully, cheerfully, and that whatever account must be deferred in payment, the last to be deferred is the account of him who is the human agent who has brought us into the world, enables us to continue our work in life, and many a time lays down his own in endeavoring to baffle death." How much more comfortable would be the life of many a hard-working practitioner if his patients would but act up to the duty so eloquently taught.

THE NEED OF SPECIALISTS.

The highest attainment makes it both necessary and wise that there should be a division of labor with a corresponding concentration of study in special lines of work. This fact furnishes the reason and the motive for the specialist. Certainly no busy general practitioner whose daily round of duty is not limited to the usual hours of toil of the laborer, the artisan, the tradesman or other professional men, can expect to find time for that patient and persistent study of one subject which is a *sine qua non* to its mastery. The general practitioner who makes himself known to the circle in which he moves as a universal specialist is a danger to society. Equally to be dreaded is the man who assumes special knowledge and ability for special work, who by study and experience has not in some fair degree demonstrated his fitness for it.

THE WAY OF SUCCESS IN PRACTICE.

The following timely suggestions which we quote from the *Boston Medical and Surgical Journal* were made by Prof. David W. Cheever, at the Harvard Medical School, at a meeting of the Boylston Medical Society, March 27, 1890.

In addressing those who were about to take degrees, in referring to the essentials of success in practice, he said:

The first requisite is *work*; the will to work, zeal, pertinacity; any work that is professional; always work; there is no other lasting road to success.

Cultivate good manners; they go far. Be reticent, do not gossip. Do not think aloud; it is fatal to confidence.

You are to be the family confessor; respect the confessional. Never betray professional secrets, unless under order of the judge. The laws of Massachusetts will not protect you in withholding them in a court of justice; but make them public only under protest.

Be guarded in the opinions you express; if you say but little, you will have less to take back. When the confidence of the patient wavers, be before him in asking for a consultation.

Always show a cheerful face in the sick room; its effect on the sufferer is incalculable. I hope you will be sympathetic, for you cannot feign it with success.

Never give up a case while the patient breathes. Promote euthanasy, but only with the full assent of the friends.

Stay at home; be ready in your office. Do not allow yourself to be known as anything but a doctor; everything else must be secondary, if you would build up a practice.

Begin as a general practitioner; you may remain such, with honor and profit. If you aim to be a specialist, you will be a one-sided one without first doing general practice. Take everything that comes to you and do the best you can.

Where shall you settle? Select with care, and stick. Identify yourself with a locality. If you have absolutely no capital, do not begin in a large city, unless you can earn money by side labor. Ten years in a city, five years in a town, one or two years in a village, represent the time required to get a good living. The ideal place is a medium-sized town combining an agricultural and a manufacturing population. Manufactures mean ready money, agriculture means no cash; but on the other hand, manufactures mean bad debts, and agriculture means barter, and some sort of pay for all you do.

Unlike the law, medicine leads to nothing else save science, and science is not wealthy.

So much for the lower and material view of our calling. It is indispensable, this view; but it is not lofty. Were there nothing higher in medicine, we had best leave it. Fortunately there is something higher.

Medicine is not a trade; it is the noblest profession. Cling to that thought; never let go of it; the love of your calling; the relief of poor human suffering, the pursuit of science for its own sake.

So surely as you choose the baser and material view, so surely your success shall turn to ashes in its fruition; so surely as you nourish the sacred flame of professional and scientific ardor, so surely you will be warmed, sustained, and upheld amid reverses, calumny, and disappointment.

If you are thus just to yourself, be as careful to be just to other doctors.

The Golden Rule is the true code of ethics. Be gentlemen, and not rude, grasping boors; respect others' rights, and yours will be respected.

In no calling does bread cast upon the waters so surely return after many days.

I have come to believe more and more that no effort is ever lost, no work but brings back some result.

If you maintain your honor, your industry, your health, there is nothing to fear.

NOTE.—However, in this Province as in the other Provinces, and probably in each State, the practice is no longer hedged in by mere

professional attainments, professional ethics are not respected as they were formerly, and business push appears as really the indispensable requisite.

Mr. Tom Hughes offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practise reticence, and to avoid mercenary habits."

A DOG, A PIPE, AND A WOMAN.

A patient in the Royal Infirmary, for whom it was my duty to perform some minor surgical services, presented me one New Year's day with a fine specimen of a Skye terrier pup as an expression of gratitude. Professor Syme happened to come suddenly and unexpectedly upon me one day while sitting on the door-step of the Royal Infirmary after business hours, along with one or two of the old nurses, playing with my pup. In a good-natured, pleasant manner he said, "Mr. Maclean, is that your dog?" I had no choice but to plead guilty. He at once assumed an air of mock severity and looking straight at me said, "Then permit me to inform you that there are just three steps to ruin a young man: first, a *dog*; second, a *pipe*, and third, a *woman*." The experience of my life from that day to this have, I must say, failed to fully justify the professor's oracular utterance. I have rarely seen the day that I have not been the happy possessor of one or more dogs, and surely have had no occasion to blame them for any misfortunes which may have befallen me. As for the pipe, I have never availed myself of its comforting and insidious influences; and so far as the third, and last, "step" is concerned, I have only to declare, as a matter of actual truth and simple justice, from my cradle to the present time women have ever been my greatest comfort, blessing and inspiration, in spite of an occasional attack of heartache which, after all, proved to be quite evanescent.

WHERE'S THE "TUPPENCE."

Dr. B. Jones (Leigh) writes: "Many years ago a certain man went from Jerusalem to Jericho, and happened with disasters that are, I hope, well known to all of us, and certain religious professors, who found him half dead on the road, passed by on the other side. But one good Samaritan took him to an inn and paid the charges of the landlord for looking after him—in advance. Nowadays the priest and the Levite would have run, if convenient, to the nearest doctor and requested him to be the Good Samaritan, and would probably

vilify him, either publicly or privately, or both, if he did not at once drive off to the accident, whatever other claims he might have upon him at the time. The greater the profession of benevolence the greater the horror at the request of the doctor for that 'tuppence.' I doubt not that most members of our profession, indeed all, do their neighborly duty as well and as frequently as any other member of the community. The rub comes in where we are expected to act vicariously for anyone who chooses to call upon us for this purpose. To such we may well say, 'Where is your twopence?' I make it a rule never to pay any attention to casual messages or urgency calls unless to my own patients, or when given by someone who is prepared to pay my fee. If we would only assert ourselves a little more, and let people understand that we must be paid for our services the same as any other profession, the less difficulty there would be in obtaining our rights. We have done so much gratuitously in the past that people forget we have our bills, rent, rates and taxes to meet, the same as others. In cases of emergency, calls by police or anyone else, a good working policy is to ask, 'Where is the tuppence?'

ANCIENT ANTECEDENTS OF SURGERY.

It must be difficult for most readers in this country to realize that in England the surgeons still hobnob with the barbers, and that members of the two "professions" still regard each other as fellow-craftsmen. This odd relationship has just been illustrated by the address delivered by Sir William MacCormac on the occasion of his receiving the Honorary Freedom and Livery of the Barbers' Company in London. This fellowship had its origin in the remote past, at a time when the barbers were the only recognized surgeons, or "barber-chirugeons" of the country. A relic of their surgical prerogatives still lingers in their practice of leeching, bleeding and cupping, and their sign with its red stripes is said to indicate their gory occupation [usually referred to the Serpent Symbol of Æsculapius]. In England the tendency is to adhere to tradition and to hold on to ways and customs, and so it came about recently that the barber's guild had for its chief guest a distinguished surgeon whose career and attainments do not at all suggest anything tonsorial.

But the modern Company of Barbers, we suppose, must not be taken too seriously. It seems to be celebrated for its antiquity and for its old silver plate rather than for the art of

hairdressing. We doubt whether any of its members have to make their living by cutting hair and shaving. Sir William MacCormac in his address tells us that the Guild of Barbers in London is of such ancient foundation that its earliest records cannot be traced. It dates from the thirteenth century. At first it had even a religious character, as the barbers used to assist the monks to perform operations. This must have been in still earlier days, for the edict of Tours, in 1113, forbade the priests to shed blood. In 1462 a charter was obtained, and in 1540 the surgeons (an insignificant body) became merged in the Barbers' Company. From this time, for two hundred years, the surgical practice and teaching of England were in the hands of this Guild. Its members were surgeons to the King and they were content to bear the humble title of "barber-chirurgeon." In fact, they rejoiced, as their descendants appear to rejoice to this day, in what to outsiders seems to have been a somewhat plebeian origin. The surgeons were not formally separated from the barbers until 1745, when they formed the Company of Surgeons, and this company became eventually, in 1800, the College of Surgeons. In France things were much the same, and the celebrated Ambrose Paré, who was surgeon to five successive kings of France, was a mere barber surgeon. The practice of surgery was held in low esteem as compared with the practice of physic, and, as Sir William MacCormac says, it did not advance much from that time until the evolution of antiseptic surgery toward the end of the nineteenth century.

THE MORALS OF A SURGEON.

What a man does is the proof to the world of what a man is. Many good people fear that the advance of science will bring about the retrogression of morals and religion. We do not agree with them. But if they cannot accept our judgment, let them weigh well a fact like this: Mr. Jonathan Hutchinson, F.R.S., and ex-president of the Royal College of Surgeons, addressed his professional brethren assembled in annual congress the other day, and he thus spoke: "I bore, with such equanimity as I could, the discovery that I could not compete with my friend in the ratio of successes obtained" (in operations for ovariotomy), "and, acting on the rule of conduct that I would never keep a patient in my own hands if I believed that some one else could do what was needed with greater prospect of success, I gave up doing ovariotomies, both in public and private, and used to transfer my patients from

the London to the Samaritan Hospital." Here is a rule of conduct which has never been excelled in moral worth in any department of professional life or private behavior. A most far-reaching and trutly noble rule is this of Mr. Jonathan Hutchinson's; and the fact that he announced it toward the close of his career in the hearing of hundreds of his professional brethren, who are almost as familiar as he is himself with the conduct of his professional life, is proof that he spoke mere truth. If these are the morals of men of science, may we not say of men of all professions and callings, *O si sic omnes*!

DON'TS IN TWENTIETH CENTURY SURGERY.

Don't criticize any man's work. A silent tongue is better than a glass house.

Don't do surgery under contract. Let no man hamper your head or your hands.

Don't forget that a poverty-stricken wretch is entitled to the same surgical consideration you would give a potentate.

Don't lose your head. You want it in the right place when a scalpel is in your hand.

Don't waver over unfortunate results. If you would save all, there would be too much demand for your services.

Don't borrow too much of the other fellow's thunder. When you can, pay all you have borrowed. You might make some yourself if you would persevere.

Don't fail to do your own operation, if you can't do the other fellow's.

Don't tell a patient you saved his life. Let him do that.

Don't use too much alcohol in your surgical practise. It is a treacherous article in both health and disease.

Don't permit a nurse to be the attending physician. She has her place and should know it.

Don't probe for a ball. Nature will find it.

Don't cut away any integument. Scraps make mighty nice job lots in the end.

Don't destroy a piece of bone, if tissue to cover it is obtainable.

Don't deny nature a chance to assert her rights.

Don't let severed fingers and toes lie on the ground to perish. Stitch them in place; try moist antiseptic dressing and watch results.

Don't forget that blood clots will replace expended superficial and deep structures, even nerves, veins, arteries and bones—when properly used.

Don't hurt a patient who is already hurt.

Don't attempt any operation without a full knowledge of the anatomic surroundings.

Don't waste time while operating. Remember Davy Crockett's axiom, however.

Don't believe minor operations are not as dangerous as major ones. The prick of a pin has laid many low.

Don't use the knife if you can use anything else. Good judgment is ofttimes better than good cutting.

Don't meddle with your surgical cases. Good eye sight, tactile sensation and an acute olfactory sense are prime requisites to surgical success.

Don't trust your surgical cases to any one. It is better for you and your patient to know each other intimately from start to finish.

Don't operate on credit. Let it be straight out cash or pure charity.

Don't go mad over antisepsis. Operations in hovels have made some surgeons famous, and mortality almost a myth.

Don't forget, however, that the doctor can be a surgeon under all circumstances.

Don't send your operable cases away. If you need help get it.

Don't attempt an inoperable case. Let the patient know the facts. Truthfulness is next to godliness.

Don't use dull instruments or rotten ligatures. You lose your temper in the first instance, and the patient might lose his life in the second.

Don't forget to always personally examine the organs of the thoracic and abdominal cavities closely.

Don't tell patients too much surgery. Graduates are not made in a day.—Dr. Lucien Lafton, in *Amer. Surg. and Gyn.*

SOCIAL AND PROFESSIONAL VISITS.

The young man entering practice is often in a predicament and has hard work to make fine distinctions. One of his difficulties is in knowing how and when to make friends of his patients and patients of his friends. An older physician once said that for every friend made by a young man two patients were lost. There is no doubt that the familiarity

which springs from a close acquaintance between physician and friend soon begets a certain amount of contempt, and in too many cases the physician does better to hold himself aloof from too close communion with possible patients. The danger of making friends of patients is also emphasized when the visit which is on the dangerous borderland between social and professional is viewed from different sides by patient and physician. A physician goes to see a sick one, be it man, woman or child, and he is asked to remain, perhaps to spend the evening or to take a meal. That is a fatal step. As soon as he begins to drop in in a familiar way to ask a few questions and make a few suggestions, and then remain for a social talk, just so soon is his position as family physician in jeopardy. Of course, there are exceptions to this statement, when the physician has reached the age of extreme maturity, and then comes the difficulty of turning him off when the family likes him as a friend, but feels that as a physician a better man might be found. When the time for rendering bills comes around then the position of both parties is usually clearly defined.

SUCCESS IN PRACTICE.

Extracts from Address by Dr. Bliss in "The Neucleolus" of Saginaw.

In the first place, to be a success in life, you must be ambitious. The old adage that "all things come to him who waits," may well be supplemented with "the Lord helps those who help themselves." Edward Bellamy in his book, Looking Backward, represents the world as a stage coach. A very few are inside seated on the velvet cushions, with the door closed. A few more are on the top of the coach, while many are scrambling up the sides to reach the top, and in their endeavors pull some one off, taking his place. But the majority of the human race are either in the front drawing the coach, or in the rear trying to catch it. This is not an overdrawn picture of mankind struggling for position in the world to-day. The young man looks around him and says, "What is there left for me?"

The ministry is full to overflowing; there are more lawyers than clients; physicians are multiplying rapidly; it is useless to enter the commercial world without capital; every profession seems surfeited. And let me say to the students before me, there is more truth than poetry in the young man's soliloquy. And if you attain any worthy position in life, you will

have to be ambitious and work for it. In the second place, you must improve your opportunities. In one of the ancient cities of Greece there stands a statue, upon whose base is this epigram:

"What is thy name, oh statue?
I am called Opportunity.
Who made thee?
Lysippus.
Why dost thou stand on thy toes?
To show that I stay but a moment.
And why hast thou wings on thy feet?
To show how quickly I pass by.
And why is thy hair so long on thy forehead?
That men may seize me when they meet me.
And why is thy head so bald behind?
To show that when I have once passed by I can never be caught."

So the opportunity of the young man to-day, like the Grecian statue, stands on its toes; it has wings on its feet; you may embrace it to-day, to-morrow it will be gone.

The immortal Lincoln improved his opportunities, which seemed to be but a handful of books, but so saturated did he become with them, that they laid the foundation on which in after life was built that magnificent character, which will live in the annals of our history as long as this republic stands. The student, though of mediocre ability, will make more of himself by improving every opportunity, than the genius who allows them to slip through his fingers, for, after all, genius is only great patience.

I would suggest that you be pleasant. If you have not this grace in your make-up, cultivate it. Nothing goes so far or does so well in a sick-room as a pleasant face. Sunshine mixed in with your medicines, will prove the greatest ingredient of them all. People who are suffering and in trouble, have for the time forgotten how to laugh, and it becomes necessary for the physician to furnish this as well as advice and drugs.

VICARIOUS GENEROSITY.

"A lady of quality," a peeress to wit, sent her butler to a well-known physician, a man who, were we at liberty to mention his name, would be generally recognized as one of the busiest men in London, with the request that the patient might be examined and prescribed for, gratuitously, of course. "My good man," said the physician, "as you are my lady's

butler, you are not a suitable person to be treated at the hospital where I see poor patients for nothing; in my own consulting room, my time is too valuable; here is a guinea, go and see my junior colleague, Dr. ———; he is not so busy as I am, and will be able to advise you for that fee." Her ladyship, it is interesting and instructive to learn, repaid the guinea next morning. The moral is plain. The profession as a whole does so much charitable work, that many people seem to expect that every member is to give his time and labor at any time and any place, and to any extent which may be most convenient to the patient or his friends. Quite a large enough proportion of the people who go to hospitals have no right to gratuitous advice, and it is asking rather too much of even the most patient and long-suffering to expect that a still more well-to-do class, too fastidious to go to hospitals, should be allowed to invade private consulting-rooms during the morning hours, which are dedicated to remunerative labor. No other profession has such claims made upon it. If the butler had been in some legal difficulty, would the family lawyer have been expected to advise him gratis? We trow not.

DEFINITIONS OF THE "PATHIES."

The Clinique says that a jolly correspondent quotes and forwards the following definitions:

Christian Science—Suggestions *plus* absurdity.
Divine Healing— " " faith in God's mercy
Osteopathy— " " massage.
Hydropathy— " " water.
Metaphysical Healing— " " fog.
Hypnotism— " " sleep.
Spiritualism is somnambulism, and
Theosophy is an intellectual pleasantry.

To this we might add that there are ill-natured people who would say that homeopathy is suggestion in material, plus *drugs* in infinitesimal, doses. There are even members of the "regular" profession, we believe, who would seem to hold all medicine to be principally suggestion. At least, we have heard of a celebrated hospital physician and teacher in London, who, at a clinical lecture, told his students to pay all their attention to diagnosis and prognosis. After an exhaustive dissertation on a case, he was leaving the bedside without prescribing any treatment, when the house physician asked what he should give the patient. "Oh," said the physician, "a hopeful prognosis and anything else you please." (John Syer Bristow?)

LECTURES ON THE CONDUCT OF MEDICAL LIFE.

By S. Weir Mitchell, M.D., LL.D.

A soldier was asked in my presence what was, in warfare, the most interesting thing. He said, "Recruits going into their first battle." What he thought as to the young soldier I feel whenever it is my lot to see a mass of men about to turn from the training of the schools and to face the grim realities of the physician's life. There before me are some hundreds of men in the morning of existence. Where will the noon-day find you? And the evening hour, when labour is over, looking back, the conscience, undisturbed by new ambitions, shall make up the ledger of a life—will it leave you weighted with the debts of wasted chances, or rich with the honest interest of accumulated character? That the veteran, like myself, should look with a certain sad curiosity at a group of young soldiers is not strange. Here are men of varied individuality, of unequal fortunes, of every condition of life—some for whom all their ways have been thus far made easy, some for whom life has been always hard. Here, at least, within these walls you have all had equality of opportunity. Let me hopefully presuppose you one and all to have used with diligence the precious years of training. You have thought, of course, of what you want to win. You vaguely call it success—success in life. That may mean many things you did not want or expect. You will fail where you least look for failure. You will win what you never dreamed of getting.

I shall try to remember only that you are all to be of the great army of medicine. First of all, I own for you the wish that in this vast organized body you shall take honest pride. Through it you will earn your bread, and, I trust, much beside a mere living. That you may correctly estimate its splendid history, that you may fitly comprehend the opportunities it gives, let us look a little broadly for a time at some of its virtues and some of its values. I could wish that you were really taught something of the wonderful history of medicine. I have myself ancestral pride in the splendour of its conquests, the courage and heroism of its myriad dead. I am fond of saying it is a guild, a fellowship, a brotherhood, older than civilization. It had a creed of moral life antique when Christ was born. No other organization was like it. Customs, code and creed separate the lawyer and clergyman of different lands, but we in all lands hold the same views, abide by the same moral law, have like ideas of duty and conduct. From Japan to London you may claim medical aid for self or wife

or child, and find none willing to take a fee. There is something fine and glorious in this idea.

I once asked the care of a physician I never saw or heard of before in a German town. As I was about to pay him a card dropped from my pocket-book. He glanced at it, and said, "But you are a doctor; I can take nothing—nothing." I remonstrated in vain. "No," he said, "you will make it up to some other doctor." I believe that I have paid this debt and other like debts with interest. I hear now and then of men who break this beautiful rule which makes professional service given by one physician to another a friendly debt for which the whole brotherhood holds itself responsible. Doctors are said to differ, but these bonds of union and generous amity are mysteriously strong. Try to keep them so, and when you serve medical men go about it as if they were laymen. Put away all thought of wasted time, of the commercial values of what you give. The little biscuit you cast on the waters will come back a cheerful loaf. I consider it a glad privilege to help thus my brothers in medicine, and let me assure you few are more heavily taxed than I.

And there is another privilege your profession brings. From the time you graduate until you cease to work, whether in town or country, hospital or wretched homes, the poor will claim from you help in time of sickness. They will do it, too, with tranquil certainty of gracious service on your part.

The greatest of moralists has said, "The poor ye have always with you." I think He meant to speak of the poor as representing opportunities for self-sacrifice never absent. Of a certainty it applies to us; the poor we have always with us—the sick poor. . . .

On every Friday I conduct the clinical out-service at the Infirmary for Nervous Disease. I never go through these long and tiresome hours of intense attention without feeling that it is needful to put some stress on myself that I be not negligent or hasty, vexed or impatient, or fail as to some of the yet finer qualities of social conduct. I want you also to feel that such self-watchfulness is needed. These early years among the poor, or the class of uncertain debtors, are apt to make some men rude, and uncareful, and ill-tempered. Most honestly do I say that such work is what I may call an acute test of character. . . .

A part of your life-work consists in giving of your best to those who cannot pay. A part consists in work for honest wages. I think you happy in that our work is not altogether paid labor, and not wholly work without pay. In both are

chances which, rightly used, make the good better, the wise wiser; and there are many sides to it all. . . .

I do not like to leave this subject without a living illustration. It is strange and interesting to see what our life does with different kinds of men.

I once went through a hospital ward in France watching the work of a great clinical teacher, long gray in the service of the sick. It was as pretty and gracious a thing as one could see. The examinations were swift, the questions few and ready. Clearly he liked his work. A kindly word fell now and then; faces lit up as he came near. Now and then he answered a patient gravely and simply where there was a real reason to do so, and twice I observed that when he did this he sat down, as if in no haste—a nice trait of gentle manners. It was a ward of women, and he was very modest—a too rare thing in French hospitals in my student days. When he went away his interne told me that he had been very sharp with him for a piece of neglect, "but," said the doctor, "he never says a word of blame at the bedside." In fact, this great physician was a gentleman—a much-abused word—but think what that may fully mean; a man in the highest sense of manhood—so gentle (good old English word) that every little or large act of duty or social conduct is made gracious and beautiful because of the way of doing it.

I saw a week later a great French surgeon in his clinic of women. The man was as swift and as skillful as could be. He was also ill-tempered, profane, abrupt, and brutally immodest—a strong, rough, coarse machine; and this was what the medical life had done with these two men. With less intellect this rude nature must have altogether failed of success in life. He did not fail, being a man of overwhelming force and really admirable mental organization; and so when you read of Abernethy's roughness and the like, pray understand that such great men as he win despite bad manners, and not because of them. There is no place where good breeding and social tact—in a word, habitual good manners—are so much in place as at the bedside or in the ward. When Sir Henry Sidney wrote a letter of advice to his son—the greater Sidney, Sir Philip—he said, "Have good manners for men of all ranks; there is no coin which buyeth so much at small cost."

A clever woman of the world once said to me, "I sent for Dr. A. yesterday, and by mistake the servant left the message with Dr. B. He came at once, and really he was so well-mannered and pleasant that I quite forgot what a fool he is."

I know men who have had large success in practice chiefly because of their gentleness and sweetness in all the relations of life. I know of far more able men who have found life hard and the winning of practice difficult simply because they lacked good manners or wanted tact. We began about the poor, and here we are discussing manners. I had not meant to say of it so much, but, on the whole, I am not sorry. Pray remember, finally, that neatness of dress and the extreme of personal cleanliness are, shall I say, a sort of physical good manners, and now-a-days the last words of science are enforcing these as essential to surgical success.

There is a wise proverb of the east, "He who holds his tongue for a minute is wise with the wisdom of all time." I am fond of proverbs, and this is full of meaning, for really to refrain from instant speech when irritated is victory. An hour later you are sure to be silent enough. The temptation to speech is momentary. Above all, try not to talk of your patients—even with doctors. It is usually a bore to be told of cases and we only stand it because we expect our own boring to be, in turn, endured. But my ideal doctor who reads, thinks, and has a hobby will not need to gossip about patients. He will have, I trust, nobler subjects of conversation. When I hear a young man talk cases or read them in societies with heavy detail of unimportant symptoms I feel like saying of him, as was once said in my presence of one who amply justified the prediction, "That man has a remarkably fine foundation for dulness in after life."

The methods of note-taking you are well taught, and, too, I hope, the best ways of examining your cases. As to this, circumstances must guide you. A patient is often a bad witness, and one man gets at the truth of his case—another does not.

As to acute cases, it is immensely valuable to learn through concentration of attention to be rapid without omissions. Dr. Edward Dalton is quoted as saying to his class, "After careful and repeated auscultation, percussion, and palpation, and even succussion of your patient for twenty minutes, *you* should not be very tired. *He* is."

As you go on in practice you will get to be fond of certain drugs.

Be a little careful of this habit, which has its reasonable side. I once met in consultation the late Prof. Blank, a delightful and most able physician. As I came out of the house I fell upon his son, also a doctor. "Ah!" he said, "you

have been meeting my father; I am sure he advised Plumer's pills"—an old mercurial preparation. It was true.

As I watch the better medical practice, I see a tendency to rely less upon mere drugs, and more and more sharply to question their value.

The true middle course is to be sceptical as to new drugs, and to test them over and over before being mentally satisfied. Nor is it well to run into the extreme, which in our civil war caused an order forbidding the use of calomel because of the folly and indiscretion with which a few men had used it. After all, one of the most difficult things in ours, the most inexact of sciences, is to be sure of the value of a drug. When studying the poison of serpents, I found the most positive printed evidence of the certain value of at least forty antidotes. Not one of them was worth the slightest consideration. Such a fact as this makes one careful of crediting the endless cures to be read in the journals.

When you come to read over the works of the great masters, dead or living, and to see how Sydenham or Rush, Cardan or Bright, did their work, you will be struck, as I have been, with the great stress laid upon habits of living—what shall be eaten, diets, exercise, clothing, hours of work and rest. Curiously enough, these dicta are more often found in their records of cases than as positive theses; a proof that, in his practical work, a man may be better and wiser than in his generalizations. When, therefore, you come to deal with chronic conditions, be sure to learn all there is to learn as to the ways of men, their diet, clothing, sleep, work, play, wine and tobacco. I like to make a man describe to me, with minute care, his average day. Then I consider, usually, how much of what is clearly wrong may be set right by a life on schedule. After that comes the considerate use of drugs.

The desire for drugs is a remainder from barbarous times. It is much in the way of what I call natural medicine. *Do* this and do *not* do that might cover a large amount of useful treatment if men would but consider the doctor as a wise despot to be implicitly obeyed. But just here I wish to add that the very men who are most chary as to drugs are those who, at times, win splendid therapeutic victories by excessive diets, or heroic use of powerful medicines.

Much nonsense is talked about the injurious influence of drugs until, in the very word drug, there is a malignant sound. Men used to be over-bled or salivated. This does not occur now-a-days. And if I asked your whole faculty how many

people they had seen permanently injured by mere medication, I fancy they might be puzzled to bring to mind illustrations of such mischief. The belief is another survival of conclusions founded on premises which perished long ago.

Men in our profession fail more often owing to want of care in investigating cases than for lack of mental power. One man looks at the urine carefully once and decides; another looks once at the night and morning water and concludes; a third asks that there be made no change in diet or habits for a week, and examines the urine over and over, both the night and morning secretion. Of course, this is the only right way. Troublesome? Yes, very! If you do not want to practise medicine as it ought to be practised, better far to get some business which will permit of indolent intellectuation.

A friend of mine had a consultation in the country as to a case of great importance. The attendant fell ill and could not meet him. My friend went over the case with care. It was one of persistent headache. He took home urine of the night and morning, and wrote word that the patient had uræmic intoxication. The attendant said "No;" that neither casts nor albumen were in the urine he had thrice examined. At last, puzzled, my friend asked if he had studied the night urine. He said "No." And here was the mischief.

I saw to-day a woman of wealth and social importance who, for years, suffered cruelly from headache. Now, as it always began after an hour of acid vomiting, a dozen of the ablest men in Europe and America failed to take in the whole possibilities, and did not question the eyes. But a little country doctor did, and a tendon or two clipped put that woman back in a state of health. I was one of those who made the mistake, and yet I have written, was perhaps the first to write, on the eye as a cause of headaches of varied type. But to be constantly complete and exact in all examinations is, I admit, hard; nevertheless in that way lies success.

And the like axiom applies to treatment. You are taught in acute disease to write your directions and to leave no possibility of change unprovided for. And the acutely ill are prisoners of our will. But how many men think it needful to write out a schedule of life, medicine, diet, exercise, rest for cases of chronic disorder—I do not say disease. I never tire of urging that in attention to minutiæ lies the most certain success. A large practice is self-destructive. I mean

that no over-busy man can continue to give always, unfailingly, the kind of care patients ought to have. But that is, as I said in my first lecture, a question of enduring energy, and of the firmly made habit of dissatisfaction with the incomplete. If medicine consisted only in mere intellectual endeavour; if to see, hear, feel, weigh, measure, in a word, know all there is to know of a case, were really all; if, then, we only had to say do this or do that, one's life might be sufficiently easy.

In time of peril, or under stress of pain, any one and always the great consultant, can secure absolute obedience. In the daily current of practice, fancy and unbelief, indolence, prejudice and what-not, stand in our way. Busy men, indulged children, hysterical women are your worst difficulties. Then come into play the moral qualities which, in union with educated intellect, make for the triumphs of the great healers of their kind. Are you gentle and yet firm? Have you the power of statement, which is so priceless a gift, the capacity to make the weak, the silly, the obstinate feel as you speak that your earnestness rests on foundations of kindness, and of thoughtful investigation of their needs? Can you, in a word, make people do what you want? Have you the patience to wait, untroubled by the follies of the sick, to bide the hour when you can carry your point? Have you the art to convince the mother that the sick child is the last of all who should be left to the misery of self-indulgence? Can you sit by the bedside and gentle satisfy some hysterical woman of her capacity to take up anew the reins of self-government? It demands earnestness. It demands honest beliefs. It exacts such rule over yourself and temper; such good manners as few possess in these highest degrees of quality and quantity. Above all, it means that dislike of defeat which makes the great soldier.

A fine thing in our profession that mere hatred of defeat. As I came once out of a consultation with Prof. Gross, he said: "Don't you hate it, sir?" "Hate it; what?" I said. "Hate what?" "Oh, to spend a life like yours or mine, and be beaten—puzzled—licked, sir,—by a miserable lump in a woman's breast." I always liked what General Sheridan said to me years ago. I asked how he accounted for his constant success in war. He hesitated, and then replied: "It was because I did so hate to be licked." No matter whence comes this feeling, it is valuable. Cherish it; never lose it. Find reason for disaster, but learn to loathe the result. I

never see a death or a grave failure to cure that I am not personally hurt by it. I say, then, "A century hence this will be otherwise," for as I am proud of the past of this great guild, so am I full of glad hope for its future, when it shall have learned the conquest of cancer and tubercle.

I have come again half unexpectedly, as I draw to a close, upon this grave question of the moral qualities needed for the noblest success in medicine. It would lead me, and easily, to talk of the code, of our relations to the secrets of households, to the criminal law as to witnesses, of insurance cases, and the like; but all of this I must leave unsaid, and reject the pages in which I had said something of the ethics of our profession.

You have chosen a life inexorably hard in what it asks of your soul and mind and body; but be that as it may, you have taken upon you, I surely think, the most entirely satisfactory of earthly pursuits. I have seen much of men and their ways, but nothing I have seen entitles me to think there is any truer, better way of serving God and man, and in this service making yourself what you ought to be.

THE DOCTOR'S NEW YEAR RESOLUTION.

The doctor sat long in his office chair,
His brow was furrowed with thought and with care,
And silver besprinkled his thinning hair.

'Twas the last sad day of the dying year.
'Twas the last sad hour of the dying day.
And the doctor sat with his ledger near,
And a pile of bills which he could not pay.
His ledger was full of accounts unpaid.
"'Twas the same last New Year," the doctor said.
"I wonder how long is this thing to last,
See the work I have done in the busy past,
If I only had what is due to me,
I could settle my bills quite readily."

Then the doctor squirmed in his office chair,
And his brow grew darker with thought and care,
And his fingers ran through his thinning hair.
Then he conned the book and his pencil flew,
As he figured the bills long overdue,
While he talked of the scenes that mem'ry drew.

"Here is Bodkin's bill. I recall his case,
His cheek was a sight, and he could not speak.
He had erysipelas in the face.

I saw him daily for over a week,
But that cheek was nothing to what he showed
When I asked him to pay me what he owed.
He said it was now only six months past,
He wanted to see if the cure would last.
If he had no trouble for six months more,
He'd see me about it'—and closed the door.

Then the doctor scowled as his pencil flew,
And he figured the bills long overdue,
While he talked of the scenes that mem'ry drew.

Then, reflecting, his anger rose apace
As he saw set forth in another case
The ingratitude of the human race.

"There was Parson Browning, who had gall stones,
Who suffered 'like martyr upon the rack,'
So he said, when I dragged my weary bones
To attend him through each severe attack.
And I tried with directions kind and wise
To conquer his weakness for chicken pies
And puddings and cheeses and jams and tarts;
What a gourmand he! Well, by sundry arts,
And months of attention, I brought him 'round;
Gall, liver and parson were hale and sound.

Then his indignation arose apace,
As he pointed out in the parson's case,
The dishonesty of the human race.

"'Twas a gratis case, and I sent no bill;
I gave my work with a hearty good will,
To aid the truth and bring credit to skill.

"Imagine my feelings—one day I read
In the 'World' a letter of warmest thanks,
As of one who had been raised from the dead;
'Twas done by the use of Professor Blank's
Electric belt'—the writer did aver.
The writer was—my friend, the minister.
He then described the symptoms he had felt,
And claimed that through it all he'd worn the belt,
When he had not worn it 'twas in the bed,
And wrought a wondrous cure, the parson said.

"'Twas a gratis case and I'd sent no bill,
I had given my word with a right good will,
To aid the truth and bring credit to skill!

"But gentle woman is selfisher yet,
And little she cares so her wish she get,
How others may trouble and toil and fret.

"What a trying patient was Mrs. Green,
Moaning o' day and lamenting o' nights.
Mrs. Green was the bluest ever seen,
The cause of her blues was she had the whi—Bright.
But that was not all—there was more beside;
She had not been well since the blushing bride
Of young Alfred Green, who'd been rather fast,
But had settled down with the belle at last.
For the past three years he'd no mind to roam,
But no babes had come to adorn their home."

"But lovely woman is selfisher yet,
And little she cares so her wish she get,
How doctors may trouble and toil and sweat.

"And charming woman is subtle of heart.
In the world's great game she can play her part.
When she deals with doctors, behold her art.

"I used for madame my cunningest skill,
And waited on her with attention nice.
Her health was restored; but I'm waiting still
On her—to pay therefor my modest price.
I called last week. She met me in the hall.
'Dear doctor, dear. How good of you to call!'
(Both hands extended and a radiant smile.)
'And there's that bill I've owed you such a while;
But—Christmas presents cost so much, you see,
For little folks! Come in and view our tree.'

"Ay, charming woman is subtle of heart,
In the world's great game she can play her part.
When it comes to a stand-off, oh! what art."

Thus the doctor sat that December night.
He reasoned it over. "This is not right,
And it must be changed and remodeled quite.

"The dullest unskilled lab'rer in the land
For empty promises would never work.
The merchant wants the money in his hand,
Or written promises that one cannot shirk,
Before his goods change owners. There's not one,

Search where you will, who when his work is done
Will take for pay a blessing—or a curse—
Or calmly drop a 'Thank you!' in his purse.
Save only I ; they say my legal friend
Is paid to start, then pays himself to end.

"Now, I miss my meals and I lose my rest,
And I know my work and I do my best,
But my business affairs are a common jest."

Then he raised his hand to the solemn skies,
And said, "Behold me, ye unseen eyes
I' the realm where the doctor goes when he dies,

"And lend me your ears and record my vow—
S'help me, Hippocrates, Galen, and all
Th' immortal physicians from then to now.
I never more will prescribe for nor call
Upon those whose accounts have not been paid ;
I'll not operate till the fee is laid
In my palm, or at least is placed in sight;
I'll not miss my meals, nor get up at night;
And desert and oppose me, all ye powers,
The day that I work more than eighteen hours!"

And these resolutions so bravely made,
Were they kept till the doctor's head was laid
In the dust, leaving not a debt unpaid?

Alack and alas! that the vow was sworn
In the name of physicians, who had borne
The self-same traits that now made him to mourn.

From Hippocrates down, the active mind
Was ever outstripped by the tender heart;
And all selfish motives were cast behind
When the messenger came that the doctor's art
Was needed. Outreached the healing hand;
How could the spirits of that noble band
Whoever have held duty's high behests
Highest and greatest in their loyal breasts—
Who ever have loved Science and Mankind—
How could they aid a sordid oath to bind!

And these resolutions, intended to last—
In spite of temptations to stand steadfast—
Were broken to smash ere a week had passed.

What said the worthy doctor when he saw
His resolutions were a chain of straw?
Hope from some other quarter he must draw.

He said, "Oh, when! When will the people see
'The laborer is worthy of his hire,'
The faithful doctor worthy of his fee!
Why does not someone with didactic fire—
Why does not some Maclaren wield his pen
To sketch an ideal public, and teach men
How they should treat their doctor! We have seen
Lessons enough of what the doctor's been.
The 'old school' type was, is, and will remain;
Now teach the public what's its duty plain!

"For still this sentiment our bosom thrills—
How sweet the task to vanquish mortal ills!
(If only somebody would pay our bills!)"

THE POWER OF THE SAINTS TO CURE DISEASES.

(EXTRACTS FROM ADDRESS.)

The trouble with the toast assigned to me is, that it is an anachronism. I should have had it two or three hundred years ago, when the saints were more in evidence. Then, it seems to me, it should have been given to a theologian, or at least to an attorney-at-law, rather than to a physician, because the saints usurp so much of the privileges of medical men, and two of a trade can never agree.

Medical men have been charged, rightly or unrightly, with unbelief. Bishop Whately said in his rhetoric, Ubi tres medici ibi duo athei, and Sir Thomas Brown, who was one of the most religious of men, admitted, in his Religio Medici, that medical men for want of piety had fallen into obloquy, and Chaucer said of the doctor of Physike, that he was "but litel given to study on the Bible." These aspersions, however, are mitigated to some extent by the discovery of Tuke in the Roman Catholic calendar of a list of twenty-nine saints and martyrs who belonged to the medical profession.

It is well known that the earlier prelates all made use of medicine in the propagation of their faith. I don't know whether Ignatius de Loyola, the founder of the order of the Jesuits, practiced medicine or not, but I read in the "Lives of the Saints," which I picked up in a patient's house while waiting to be called upstairs some time ago, an account of the

death of this holy man and of the autopsy. The gall-bladder was found full of gall-stones, a not very uncommon occurrence; but, as something extremely unusual, these stones were found arranged in the form of a cross. The fact is, the priests got so much fascinated with the practice of medicine at one time as to threaten the supremacy of the Church, so that in the year 1163, at the Council of Tours, Pope Alexander III. forbade all further practice of medicine by the priests. Even this papal bull, however, did not suffice to entirely separate the professions, and in 1215 Honorius III. fulminated an anathema against any priest who would practice the bloody art of surgery, which was abhorrent to the spirit of religion.

But there was in this divorce of medicine no abandonment of the power of the saints in the cure of disease, and in the course of time separate saints became connected with distinct maladies. I have had no time to go into this subject thoroughly, but I find the following specifications : For ague, St. Pernel; boils, St. Rooke; colic, St. Erasmus. The dancing mania, which is a sub-variety of hysterics, was cured by St. Vitus; leprosy, by St. Lazarus; smallpox, by St. Martin; the toothache, by St. Appoline. I have selected only some of the most striking maladies, but I find that the power of the saints was not confined simply to diseases. Thus, St. Christopher protects from bad dreams, St. Susan insures chastity, St. Catharine resolved doubt, St. Gertrude removes vermin, and St. Anthony destroys lust,—at least he destroyed it in himself, by jumping naked into a bank of snow. The business got so bad after a while, as to interfere not only with the prerogatives but with the revenues of the Church. Thus St. Patrick had a purgatory, which was a cave thronged by crowds of pilgrims, containing a number of chapels, and not only that, but also a number of toll-houses, which abstracted the revenues from the proper channels, so that St. Patrick's purgatory was abolished by decree of the pope on St. Patrick's day, 1497.

The canonization of a number of saints at the Pere la Chaise, the celebrated cemetery of Paris, led also to great abuses. Rival priests set up rival saints, and prayers and collections were taken up at rival graves. Finally, altercations took place and rioting, and to prevent further disgrace the king closed the gates of the cemetery. Whereupon Voltaire put up his famous placard, "By order of the king, God is no longer allowed to perform miracles in this place."

St. Philomena, the latest saint to cure disease, surpassed all the rest by operating upon herself, and that, too, at a time when even saints have little power. Thus, she was able to repair her own skeleton while it was being removed, and to make her own hair grow longer. These repairs to the skeleton are very much needed in the bodies of the saints. It was a favorite occupation of some of us in our medical student life to observe the irregular disposition of the bones, which had sometimes been put together without regard to anatomy. I remember especially how we saw in the skeleton of St. John of Neopomuck two thigh-bones which were not rights and lefts. The real subject for thought is not that such mistakes might occur, but that the authorities, who must have been informed of them, could count so much on the credulity of the people as not to take the trouble to make a change.

The saints themselves may disappear, but the power that is thus represented will always remain a most important factor in the treatment of disease. This power is the tremendous influence of the mind over the body. It finds its representative in our day in the so-called Faith Cure, Christian Science Cure, Hypnotism, which is the successor of Mesmerism, and in the infinitesimals of the real, not the sham, Homeopathy. All the fortunes made by quack medicines in our day come also under this head. These things represent the superstitions, the credulities, and degradations of mankind.

The technical term for the power of the saints in its better use in our day is the influence of "Suggestion," and a mighty influence it is when used for good; when used to strengthen and not to weaken the mind of man, to invigorate and not to prey upon his weakness. Henry Ward Beecher used to say of Flint, that he did him more good by his presence than by his prescriptions. And every good physician knows that he can often accomplish more with the inculcation of good principles than with the prescriptions of powder and pills."

With all respect to N'en déplaise à ces fous nommés sages de Grèce,
En ce monde il n'est point de parfaite sagesse;
Tous les hommes sont fous, et malgré tours leurs soins
Ne diffèrent entre eux que du plus ou du moins.

BOILEAU.

Le monde est plein de fous
Et qui n'en veut pas voir
Doit se renfermer seul
Et casser son miroir

FUSS, FEATHERS AND FOOLISHNESS.

Extracts from a Paper by T. J. Happel, M.D., Trenton, Tenn.

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This article might have been entitled "A Country Physician's Experience in a Great Medical Centre," but I am sure that the specialist, the faddist and enthusiast upon surgical subjects will agree that the three "f's" form the better title for the paper.

At the outset I would disclaim any personalities or intention to ruffle in the least the feelings of anyone, but offer the paper with the hope that it may serve as a balance-wheel for a machine that for the last few years has been going, as I believe, at a "break-neck" speed.

The specialists in abdominal surgery more than in any other line, have been looking more to making records than to the pathological condition of the cases brought before them; and too many have been subjected to the cold argument of a sharp knife than can be justified by any course of ratiocination.

The pell-mell rush in to the field of specialism by half of the college students of the day accounts to me in a satisfactory way for much of the present state of affairs. Many who desire to enter upon the field of surgery wish to be examined upon the special department in which they propose to work, forgetting and ignoring the fact that a knowledge of general medicine is necessary to and must precede the successful prosecution of specialties.

Specialism has pre-empted every organ and portion of the human body except the umbilicus, and soon a prophet will arise claiming that as his domain, and will attempt to prove that many of the diseases of the body are due to some abnormality of that nodule, caused by the ignorance of the general practitioner in either ligating the umbilical cord at all, or in improperly tying it, or in the position in which it was placed after being severed.

But let us enter upon what was seen in a stay of a week or two in a great city. The secular papers were well filled with programmes for the work that had been arranged in the hospitals, both great and small, in the city of Philadelphia for the week preceding and during the meeting of the American Medical Association. Some of these papers contained

wood-cuts of the great professors and specialists, published, of course, without their consent. The names of the operators in the different hospitals and the work to be done by them each day appeared in these same newspapers, sold at from one to two cents. These programmes were printed, of course, for the information of the medical readers of these papers, and with no view of advertising any of the professors.

On the first day a magnificent infirmary, or rather hospital, under the charge of one of the religious organizations of Philadelphia, was visited as per programme. The professor (the operator) being late, detained by another operation, we had time to note the splendid arrangement of the building for the purposes for which it was designed and erected. The minutest detail of asepticism had been attended to. The operating room and tables were marvels of mechanical and surgical skill and ingenuity. Nothing was lacking. The bichloride solution, the permanganate of potash wash, the oxalic acid, and, lastly, the water were abundant. Lysol solutions were in easy reach. The female assistants, in their white overgowns, with their ligatures and instruments on gauze and in aluminum vessels, were in evidence. The professor finally came. All were kindly greeted. The patient proved to be a young female, upon whom the professor had previously made an abdominal section for a supposed ovarian disease. She had been brought back by the family physician, a general practitioner, with the assurance that she had not been benefited by the operation, and that there still remained some obscure trouble that he could not diagnose. The case gave the professor no trouble whatever. A few inquiries were made, a moment or two of consultation was carried on with the family physician, and the announcement was made to the assembled "green-horns" that the case was one of only a pus accumulation in Douglas' cul-de-sac; that a bloodless operation would be done by means of the actual cautery; that the pus would be evacuated and the patient be well in a few days. Under ether, in a good light, the professor proceeded to operate. The vaginal canal being well dilated, the pointing sac was shown, and then the cautery iron, having been rendered aseptic, was passed at a white heat through the septum and the sac was thoroughly opened. The operation was bloodless and pulseless, but not devoid of returns. The professor and several of the assistants barely escaped a thorough drenching with the liquid feces. The pus-filled sac proved to be the rectum, drawn downward and forward as the vagina was stretched, filled with liquid feces,

the odor of which could not be mistaken. The thought at once arose in the minds of some that this error could have been avoided had the rectum been examined before the operation. Nothing amazed or abashed, the professor proceeded to wash out the gut with antiseptics, and when thoroughly cleansed, he closed the wound with cat-gut, assuring the onlookers, in answer to a question as to prognosis, that the wound made with the cautery iron would close by first intention, thereby imparting to us the information, hitherto unknown to some of us, at least, that under antiseptic methods and in the hands of specialists burns would heal under direct adhesions without the interposition of granulation. But the end was not yet. Promptly the professor proceeded to reexamine over the site of the former incision, determining that he had to deal with pus anterior to the cul-de-sac, possibly arising from the appendix, the root of all evil. The knife was quickly used and the abdomen opened. The professor's fingers explored the cavity only to report the appendix sound and no pus sac, but that there was a mass of inflammatory exudate, the result of his former abdominal section—in which diagnosis he was doubtless correct, as he had not been able to find any other pathological condition after entering the abdominal cavity by both routes. The patient was soon transferred from the operating room and entrusted to the ministrations of a trained nurse. What the result of the two operations was the spectators never learned. We were rather anxious to know of the success or failure to unite by first intention of the cautery wound to the gut, whence the pus did not escape.

The same operator then proceeded to remove a small cancerous growth from the labia and vulval inlet, dissecting out the urethra in his search after the small glands. When the diseased structures were removed he restored nicely the parts, but assured us that the growth would return. The question naturally arose, "cui bono?" The operation could do no good. The patient was not at that time suffering, but then the operator acquired more skill in such work by frequently using the knife—and the patient was a pauper. "Quid interest?"

At another magnificently equipped hospital, with the same, if not better, surroundings for operating—plate-glass tables being used so as to be more surely aseptic, and the professor with his head carefully encircled with a clean linen cloth lest some defiled hair might fall upon the surface to be operated upon—exhibited to our wondering gaze a patient in whose

hand a sliver of wood was encysted. Whether or not it had been introduced into the palm several months ago antiseptically for this occasion the specialist did not report. The hand was scrubbed and scoured, washed in strong bichloride solutions, and finally, after being treated with chloride of ethyl so as to make the operation painless, an incision was made with great care and the piece of wood triumphantly held up to the admiring gaze of the general practitioner. The cyst was carefully curetted and then douched with a creolin solution, the edges approximated and gauze applied, with absorbent cotton still external to that, then a sterilized roller bandage over all, and the patient was directed to return every third day to have the wound redressed, as at his own house it would be impossible to exercise all the antiseptic precautions that could be thrown around it in a well-regulated modern hospital or private sanitarium. The thought could not be well repressed in the minds of the general practitioners present and overlooking the operation, that there had been much fuss, feathers and foolishness in such a minor operation; that any one of them would have washed the hand with hot water and then with a pocket bistoury have cut down upon and removed the splinter. He would then have destroyed the cyst, applied a piece of absorbent cotton and a bandage, telling the patient to go to work, and would not have expected to hear further from him.

In another hospital we were shown by a noted specialist in brain surgery the wonderful results of investigations and operations in his particular field of work. A pauper epileptic was placed upon the operating table. A trephine was applied in one temperal region, a button of bone was removed, the meninges were carefully detached where adherent, and with a rongeur a section of bone about a half inch in width was rapidly cut out directly across the cranium to the opposite region. This canal was shown to wondering eyes, and it was explained that this removal of bone would allow the brain to expand (give it more room), and that whilst his epileptic attacks, which were daily, would not be cured, they would not be so frequent for a while—not oftener probably than once a week.

The operator did not stop here. He explained that the thickened meninges might be a factor in the compression of the brain and that in addition to detaching them, thus breaking up any abnormal adhesions, he would go one step further and divide also, being careful to sever none of the arteries. Whilst thus impressing this fact, he was deftly using his

bistoury, when suddenly a large stream of venous blood poured forth from the longitudinal sinus, which he had opened. Nothing dismayed, the professor packed yards of gauze, which had been carefully sterilized, into the long canal, compressing the opening made in the sinus and then rapidly brought the edges of the scalp together, the blood in the meanwhile escaping abundantly. The scalp incision having been closed, the patient was wrapped as to his head in absorbent cotton and bandages and transferred to his ward, as is usual in such cases.

We were then shown two other cases, one in the tertiary stage of syphilis, who was a pauper who had been operated on becau e he could give no account of himself and upon whom m icine would have no effect. This man had so far improved as to be able to tell his name and where he lived, but bade fair to continue to be an inmate of the hospital. This operation we were assured was justifiable in such cases. The other case presented was one of cretinism in a child of four years. Born no doubt of syphilitic parentage, he suffered from heredity—had no future before him, thus making him a fit subject for experimentation. He could not talk before the operation was performed, but was able when presented to the gathering of general practitioners to say "good boy." We were, of course, unable to determine whether he knew the meaning of the words or not. The question naturally arose whether an operation of this magnitude could be justified in any one of the three cases; yet the professor was making a record in such work and to do so must operate. The death of one pauper, more or less, in a great city did not count.

In the section of abdominal surgery most of our time was spent. One professor, who writes learnedly on the ease with which the uterus and tubes can be removed, was on the programme for "a complete extirpation of the uterus with its appendages." The professor, surrounded by a number of his admirers and assistants, was promptly on hand and the operating amphitheatre was filled with a "basket full" in instruments, in addition to a full quota of female helpers, We soon found out that the operator was in no condition to do so important an operation. With all the usual precautions the operation was begun. As soon as the cavity was opened and examination made the professor found that he needed a stimulant to steady his nerves. Haemostats were in demand. At times it seemed to us that the whole abdomen

was filled with these instruments. After watching the operator for an hour and finding that the end was apparently no nearer, and not wishing to be present at the death of the patient on the operating table, we, one by one, silently moved off. So quietly was this done that the seats were nearly all vacated before any one connected with the operation was aware of the absence of visitors.

In many of the cases at all the places visited where the ovaries were removed, no specially morbid conditions of the organs could be detected. The patients suffering from ovarian neuralgias belonged to the laboring class and could not afford to lose time from any such useless appendage as an ovary more or less, hence wanted the operation performed for their removal. There seemed to be in all the hospitals, sanitoria, etc., in the city an entire disregard of the question as to whether palliative measures would not have afforded sufficient relief in cases of ovarian diseases. The question to be settled in the case of a pay-patient seemed to be: "Does she desire the operation to be done?" not "Can it be avoided?" and in the case of a pauper patient: "Can an operation be secured without endangering too much the life of the woman?" Both questions having been answered in the affirmative, both patients soon lost their ovaries.

It is estimated that there are ten thousand women in Philadelphia alone who have been "spayed." Hence, that number have been placed beyond the pale of the scriptural injunction "to increase, multiply and replenish the earth." I have not time to elaborate this point as I would like. Suffice it to say that this making of records is causing thousands of useless oöphorectomies to be performed.

The operation for appendicitis still has its headquarters in Philadelphia. Any case of colic or "belly-ache" occurring in a pauper, if picked up in the streets, is at once transferred to the ——— Hospital, and as soon as the patient can be boiled and cleaned with bichloride, he is placed upon the operating table and the useless appendage removed. If he recovers all right, a record is being made; if he dies there is one pauper less in the city and the operation is not counted. The favorable record must not be broken by reporting this one fatal case. The general practitioner is never spared when these cases are operated on. He should have known better than to continue using the various preparations of pepsin under the presumption that the case was one of intestinal indigestion. However, as he was only a general prac-

titioner nothing more could have been expected of him. The patient should have long ago been sent to the specialist, who alone is competent to decide such cases.

It was my good fortune to see three operations done in one hour at the same hospital. We were told in each case that pus had formed and that the appendix had been perforated, thanks to the want of diagnostic skill on the part of the family physician.

The first patient placed on the table possibly proved the correctness of the diagnosis. The operation was rapidly and neatly done and at the end elicited the applause of the onlookers. The second patient presented about the same clinical history as the first and we were told to expect the same pathological condition. When the appendix was reached, lo and behold! it was normal. Nothing abashed, the operator proceeded to remove it, remarking that it had been bound down by some old inflammatory adhesions. The third patient placed on the table was a young physician who a few days before had applied to the professor for a prescription for an uneasy condition about the abdomen. He had been directed to report at the ——— Hospital. He refused, saying that he would not have an operation for appendicitis performed on him. Two days later the young man, after some imprudent eating, suffered severely from colicky pains, and reported through his father to the professor. He was told that the appendix had been perforated and that his life depended on an operation immediately. Thus confronted with a question of life or death he decided to submit to the knife. Before beginning the operation the professor took occasion to comment upon the ignorance of the general practitioner who had risked this valuable life whilst dosing him with Fairchild's pepsin, et id omne genus. When his auditors had been duly impressed with the fact that the knife alone availed to save life, the cavity was opened and a normal appendix was revealed. This appendix, normal in every respect except a congenital degeneration at its tip into a fibrous cord, was brought out and removed, lest in our opinion it should deceive some other brilliant operator and damage his record.

This exhausted the material for the day's work, and the spectators scattered with the unexpressed thought that the general practitioner was not as great a fool as he had been pictured.

RECENT PHASES OF MEDICAL LEGISLATION.

State Legislatures and Governors in various parts of the United States are having opportunities at present to display the degree of natural intelligence with which they are endowed with reference to the greater questions of public health. In New York at the time of the present writing we are glad to know that there is a prospect of a passage of the so-called Bell bill by the Legislature. This bill will compel all such so-called practitioners of medicine as osteopaths and Christian Scientists to submit to the same regulations and take the same examinations as are required by the graduates of recognized medical schools. The justice of this measure is so obvious as to need no comment. It is in our opinion the most practicable, if not the only practicable way to suppress these unqualified practitioners. It obviates the necessity of any criticisms of their various tenets and beliefs. It merely requires of them a demonstration of their fitness to practise medicine, and it effectually suppresses them if they are found not to be competent.

In some of the Western States, we are sorry to see that this subject of State control of the practice of medicine is not receiving the intelligent consideration which it demands. Some Governors of States as well as legislators show with reference to this question that they have little appreciation of the duties imposed upon them as guardians of the public welfare. It is very evident, as we said in these columns in discussing Dr. Wyman's recent address before the Pan-American Medical Congress, that the public and the servants of the public in this country require a more careful education in the subjects of hygiene and medicine. For crass ignorance and perversion of judgment, the Governor of the State of Washington (Rogers, by name) has shown that he is pre-eminent. He has just vetoed an act passed by the Legislature to control medical practice in that State, because it ruled out the osteopaths. In addition to this pernicious exercise of his prerogative he has indulged in a senseless tirade against the medical profession. He professes to believe that the osteopaths are teaching educated physicians the way to cure diseases without the use of deleterious drugs, and he claims that the contents of the drug stores are perhaps more dangerous to the future well-being of the human race than are the saloons. To criticise such a public official is useless; it is sufficient to quote him.

In California the Legislature has persisted in putting Christian Scientists on an equality with graduates of the recognized schools of medicine. Its motives for so doing seem to have been that these sectarians are numerous and a good class of people; a reason which the *Sacramento Bee* (quoted by the *Journal of the American Medical Association*) says would have been as pertinent if applied to the inmates of the various lunatic asylums of the country. In connection with this class of legislation the recent eruption of Mark Twain is perhaps worthy of a passing notice. He has appeared before a committee of the New York Legislature in favor of legalizing osteopathy. Fortunately Mark Twain's entire reputation is that of a so-called humorist, but his recent championing of osteopathy is as devoid of judgment and knowledge as some of his more recent publications are lacking, in the estimation of men of good taste, in the essential qualities of humor.

NOTE.—As regards the regular practice, the following journals: "American Medicine," "Med. World," "Merck's Archives," and "Alkaloidal Clinic," recently published the requirements for licenses in medicine for each State—such are subject to many changes, and hence are omitted in this note. The American Medical Association, The National Confederation of State Medical Examining and Licensing Boards, assisted by the Boards of the Middle Western States, State Boards and Medical Societies, are establishing a National Board of Medical Examiners and Licensing, and already the Confederation of Reciprocating Examining and Licensing Medical Boards of the United States of America has its constitution.

In our Dominion of Canada, through the efforts of Dr. Roddick, a bill entitled "An Act to provide for the Establishment of a Medical Council in Canada," was passed by the Parliament of Canada, 1902. When each Province submits to the regulations of this Act a Dominion license and British registration can be secured more readily. "The profession in every Province from one end of Canada to the other owes a debt of gratitude to Dr. Roddick for his long-continued and strenuous endeavours, directed with a single mind and with absolute disregard to personal convenience, to improve the status of medicine in this country."

Bk. 679, 704, 708
The Brit. Med. J. p. 17. X. 1925,
in Fishbein's
ician & Ills" p. 44

THE FIRST OSTEOPATH.

In 1874 there resided in this village for a few months a bricklayer, whose name was Michael Edward Deegan, and whose time when not at work at his trade, was devoted to playing the quack, and so successful was this illiterate, yet witty and crafty fellow in his work of massage and in his application of his "Life Saving Oil," which was colored coal oil, that I, in a happy moment and when hearing him recount

some of his treatments, especially his success in fleecing some of the dear people, promised him that when he should decide to leave town I would give him a diploma. Such a day arrived and I handed Michaelsis Edwardus Deegan a real parchment diploma, duly worded in Latin—so well done in Indian ink as to imitate the usual diploma. It was headed "Reg. Coll. Med. et Chirg. Hiberniae," and the usual "omnibus ad quos presentes literae pervenerint," and among the ten or twelve lines of Latin (really meaningless) there occurred such words as "Doctus," "Doctissimus," "Chirurgia," "Osteopathia." The seal bore the impression of a florin, and the signatures of "Preses," "Cancellarius," "Professores," "Registrarius," although typical, were beyond deciphering, and such was designedly done. Having given my first graduate the usual valedictory address and warning him not to give any internal medicines, and receiving affirmative answers, Michaelsis Edwardus Deegan left our "Collegium" and "College of Fine Forces," as "Doctorissimus et Doctoratus ossapathiae et osteopathiae Scientiae per leges consuetudines Collegii, requisitis," etc., etc.

Ecce homo! The primus ossapathicus aut osteopathicus stepped forth as an advocate of a new school. He went to . . . state and from there I heard that he is having success, that is, in pleasing the credulous. "Mick" has learned a few expressions, such as "auto-infection," "reflex nervous excitation," "uric acid diathesis," etc., so as to be on guard. Being able neither to read nor write, he was shrewd enough not to be trapped and he attributed his poverty to the loss of valuable estates in Ireland at the time he was made a doctor in Dublin. After three years he returned to our Academic Halls. But alas! How changed from that Michaelsis Edwardus Deegan, who so recently in all the flush of youth, freckled face, carrot-colored hair, an athlete, and who by song or story so delighted our verdant village people! Yes, alas, how changed this apostle of a kite-flying scheme. Its founder our first and only graduate, now warped in every joint. The cat had come back. Rather, the diseases, his specialties; rheumatism and neuralgia, he had apparently absorbed.

M. E. Deegan, D.O., however, had brought home with him testimonials from a dozen or more preachers, D.D.'s, several senators, etc.; as laurels, so he said. But he did not start a college. If he had known how to read coarse print, no doubt he would have done so. Strange to narrate, Diplomate or Dr. (?) Deegan told me that he fooled several doctors who warmly congratulated him on having a Dublin

degree, etc., and who befriended him. Thus we claim the illiterate Michaelsis Edwardus Deegan, D.O., the first osteopathicus or ossopathicus.

YOUNG DOCTORS.

"Be guided, then, by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be had he only your growth and recent knowledge to add to his tact and savoir faire. Watch him closely! He knows men as open books; he knows when to smile and when to be grave. He has learned his community; he knows what he can do without offence, and how best to acquire its good will. He knows best how to set forth the knowledge he has to its best advantage. Take all you can of his method; it is the result of experience, and pay him that deference when you meet him that you yourself would like to receive from the classman of 1945 freshly filled with the new doctrines of which you will have only heard through your journal."

> "And worthy seemed, for in their looks Divine
> The image of their glorious Maker shone,
> Truth, wisdom, sanctitude severe and pure,
> Severe, but in true filial freedom placed:
> Whence true authority in men."

NOTE.—Cicero says in "De Senectute":—"Disce a experientia quoniam qui in viam errabant,—qui eruditi sunt."

If medical ethics were properly taught in our colleges, many lessons should be given on the necessity of exhibiting the most filial respect to our elders in practice. Honor and respect are observable among ministers of the gospel and lawyers for their seniors, to whom they look for advice.

"We think our fathers fools, so wise we grow," no doubt is the thought of the young M.D., and unless the ethics, as were taught us by our ablest men, and have (for many centuries) been in existence, like the Ten Commandments, known to exist, are not studied, the best interests of our profession will not be maintained—and our colleges will be blamable.

PSEUDOPATHY AS A WARNING.

"Miracle mongering" and medical superstition in the guise of Christian science, faith-cure, etc., should be "held in thought" by physicians as a signal that we may ourselves have gone astray. We should at least never forget the wisdom of the old rule of attending carefully to what your enemy

"A BEDSIDE MANNER"

To the Editor of The Star.

Sir: You quote a letter from Mr. Ernest A. Lesueur of Ottawa assigning the earliest printed use of this phrase to Col. D. Streamer in the capital in 1903 or 1904. The interest of O.E.D. is, of course, historical merely, and the date is of prime importance. Hence I note that the phrase occurs in Punch for March 15, 1884, accompanied by a drawing by G. du Maurier. This, of course, is far from saying that even the latter, ten years earlier, can claim priority. Prolonged and general search will alone establish that.

I. H. CAMERON

is saying and doing. Certainly the law of rhythm in human affairs, of action and reaction, needed no Spencer to prove its universality. Classing all the hordes of modern medical superstitions together under the title of pseudopathies, there is one type that glares at us with abundant conviction and unity from the eyes of the morbid pseudopaths—they are in revolt against materialism and fatalism. Is this, it behoves us to ask, to any great extent a reaction against the past deterministic and materialistic attitude of so many scientists and physicians? If so, we are to blame. Every scientist whose opinion is worth consideration has put himself on record against the silliness and unscience of materialism, and every normal human heart believes in freedom. An exaggerated reliance upon drugs, a pathologic pathology, a crass extremism of science-worship, a not infrequent professional bigotry —all these have undoubtedly served to drive too many weak minds into the violent and worse reactionary extreme of pseudopathy. If that extreme is inexcusable, so was ours. Fortunately we have recognized and are fast renouncing our error. But the results of our sins live on after we have repented. These sick minds have yet to be cured. Pseudopathy is real disease."

THE ENEMIES OF THE MEDICAL PROFESSION.

The Cleveland Medical *Gazette* for August has a very able editorial on the above subject. The evils of the dispensary system now found in towns and cities are pointed out. What the editorial regards as even a greater evil than the dispensary abuse is the sale of patent medicines. By the sale of proprietary mixtures a very large amount of the treatment is being carried on. Then again there is a system of spreading and advertising being done by members of the profession. There is a continuous effort to appear in the press and advertise operations and cures.

The *British Medical Journal* for August 28th also deals with the same topic. It points out that the dispensary abuse is not likely to increase much. On the other hand the sale of patent medicines and quackery is bound to increase, and the public are not going to enact laws to benefit the medical profession in these respects. The extensive prescribing by chemists is also another great evil which the *British Medical Journal* sees no means of controlling. This journal states that the medical profession in a certain period has increased

20 per cent., while the population has only increased 7 per cent. Surely any one can see the effects from such a state of affairs.

When these facts are set down on one side, and the lengthier and more expensive course of study now as compared with twenty years ago, the man who takes his course now has not as good a chance of making an income as he had in 1877. It is stated that there are 400 physicians in St. Louis little above the level of starvation. In Brooklyn and many other large cities many have quit the profession, and not a few are serving as motormen on street cars. Notwithstanding all this, the schools are pouring out their announcements and further overcrowding the profession.

ANNOTATION.

The enemies of our profession are: Those who professionally, ethically, and by nature are unprepared for medical practice: — Those M.D.'s who use and recommend proprietary compounds:—Those who do not study, or take Medical Journals:—Those who, while engaged in other occupations, are interfering with the practices of their neighbours:—Those who, having retired or protected by incomes, are making cheap visits, and who prescribe without receiving fees:—Druggists who prescribe (but they are few as a rule), they are reliable as our friends in most instances:—The public press in too many instances:—State legislators who allow the establishment of cheap colleges to be conducted by fakirs of every new cult and fad:—Those who want reforms, yet look to others to do the work:—Those who, in consultation, have to be closely watched as thieves at large:—Those who needlessly cause alarms, and for selfish purposes:—Those who most frequently call as consultant, not their own confrere, but one from another town:—Those who do not respect their seniors in practice, and ignore them in consultations.

THE COUNTRY DOCTOR.

Whoever imagines the rural practitioner is necessarily an old fogy, or ignorant of the devices which the hospital-trained city resident has at his command, and acts accordingly, is more than likely to be undeceived in short order. If the country doctor seems a little behind the times in some things, the lack, if such there be, will generally be compen-

sated for by the greater thoroughness with which his knowledge has been digested and assimilated. During the long rides over roads often devoid of anything new to attract attention, he has opportunities for thought which are unrivalled, and he turns a subject over and over, viewing its every aspect in a calm, deliberative spirit day after day, until the facts connected with and bearing upon it are classified, labelled and pigeon-holed, so to speak, accurately, carefully and intelligently put where they may be found at any moment in a condition ready for immediate use.

NOTE.—The "College and Clinic Record" gives three reasons why all doctors should take an active part in some medical society. "The proper use of medical societies keeps one polished and out of ruts. Membership should be had in medical societies for the aid it gives one's self." "The profession, as a profession, needs the help of the humblest of its members. A meeting and comparing of ideas, a friendly criticism and seeking for the reason of things, all help to strengthen the individual powers of each." "The fact is to be emphasized that every physician owes it to himself, his patients, and the public, to be actively engaged in the sessions of at least one medical society."

MEDICAL MEN.

Pro Vera Gratias. As one who for more than one-fourth of a century has been engaged in the active practice of medicine, I am of the opinion, as regards the profession being a gold mine, that such is not the case, and this opinion is based on the innermost acquaintance with thirty doctors, resident of this and neighbouring counties. Those of the profession who are comparatively rich are few, and not in more than one or two instances do we find this condition the result of success in practice, of the major part of those who are stated as rich; such wealth has been inherited and they have other sources of revenue than their profession. In fact, in comparing the success in life, *ab initio*, of these said doctors with those who unaided commenced life as tailors, shoemakers or blacksmiths, I am (having had ample time for study), of opinion that the tradesmen have succeeded better financially. The richest doctors in most instances, therefore, are those who have married riches or secured good government situations, or have been heirs of some farmers or others, or engaged privately in some financial schemes outside of the practice.

The following clipping illustrates a condition of affairs but too often noticeable, in which the "old farm" makes the

doctor presentable and pose as rich to unsuspecting or credulous observers.

The result of having a "smart Aleck" in the family often ruins it, and many farmers are coming gradually to know it, and well they should. To them or their sons the analectum is referred as worthy to be posted on every barn door, in fact, every common or high school door also in Canada and the United States.

MEDICUS.

MOTHER'S FOOL.

"'Tis plain to me," said the farmer's wife,
"These boys will make their mark in life;
They never were made to handle a hoe,
And at once to college they ought to go;
Yes, John and Henry—'tis clear to me—
Great men in this world are sure to be;
But Tom, he's a little above a fool—
So John and Henry must go to school."

"Now really, wife," quoth farmer Brown,
As he sat his mug of cider down,
"Tom does more work, in a day, for me,
Than both of his brothers do in three.
Book learnin' will never plant beans nor corn,
Nor hoe potatoes—sure as you're born—
Nor mend a rood of broken fence;
For my part, give me common sense."

But his wife the roost was bound to rule,
And so "the boys" were sent to school;
While Tom, of course, was left behind,
For his mother said he had no mind.

Five years at school the students spent,
Then each one into business went;
John learned to play the flute and fiddle,
And parted his hair (of course) in the middle;
Though his brother looked rather higher than he,
And hung out his shingle—"H. Brown, M.D."
Meanwhile, at home, their brother Tom
Had taken a "notion" into his head;
Though he said not a word, but trimmed his trees,
And hoed his corn and sowed his peas,
But somehow, either "by hook or crook,"
He managed to read full many a book.

Well, the war broke out; and "Captain Tom"
To battle a hundred soldiers led;
And when the Spanish flag went down
Came marching home as "General Brown."

But he went to work on his farm again,
Planted his corn and sowed his grain,
Repaired the house and broken fence,
And people said he had "common-sense."

Now common-sense was rather rare,
And the State House needed a portion there;
So the "family dunce" moved into town,
And the people called him "Governor Brown;"
But the brothers, who went to the city school,
Were compelled to live with mother's fool.

THE SEVEN AGES OF DOCTORS.

Physic's all a stage,
And the surgeons and physicians only players.
They have their pathies, and consultations;
But doctors in these times play many parts,
Their acts being seven ages. At first the student,
Reading and dissecting through his college years;
And then the trembling senior with his shirt cuffs
Scrib'd, approaching his examinations,
'Fraid of getting plucked. Then the Alumnus,
Pompous as a peacock, by his new diploma,
Licensed to dose the public. Then the patent
Medicine indorser, vaunting his appellation
In the papers, and bragging over cures wrought by
His bitter tasting nostrums
Even o'er the coffin's lid. Next the professor,
With special practice, and his pockets filled;
On quacks severe, praising the ancient code,
Yet stealing patients from the younger men,
And so he plays his part. The sixth stage shifts
Into the superannuated leech,
With colocynth and squill and whisky sweets;
His filthy drugs, long prescribed, a world too vile,
For modern ills. His foul griping purge,

Rumbling round in one's sore intestines tells
That he's behind the times. Last scene of all,
He turns to take his own disgusting remedies,
Proving he's neither taste, nor smell, nor sight,
Nor anything.

THE TRANSFERRED MALADY (A CASE OF METASTASIS.)

(IN AN OCULIST'S OFFICE.)

How sweet the girl ! I saw her pass
The waiting group with dumb surprise;
A golden-haired, trim, willowy lass,
With heaven's soft azure in her eyes.
What could there be in them to mend?
Nothing, I stoutly should insist;
But still she asked to see my friend
The bachelor—and oculist.

I saw her take the patient's chair
(Venus and Science matched amain),
And, though his search found little there,
He asked the girl to come again.
But while with his ophthalmoscope
He sought the source of her distress,
In the next room, with rhyme and trope,
I tried my rapture to express.

"Neuritis of mild type it is,"
He said (whatever that may be);
"Here is a wash I use for this,
But come each day and visit me."
I knew the doctor's ready skill;
Yet while he battled with the case,
His eyes received from her's a thrill;
A crimson flush suffused her face.

Daily, as she was bid she came;
Daily the doctor scanned her eyes.
A cardiac spasm, I need not name,
At length he struggled to disguise;
For gazing in those orbs of blue
So close, transferred an aching smart—
No "wash" he ever gave or knew
For ailing eyes could help his heart.

The girl was cured, the patient lost.
What now avails his utmost fees,
Or rapid skill, to be so tossed
About by Cupid's sharp caprice?
Those blue eyes, had I the case,
Should not have been for years dismissed.
To keep them always face to face
I'd die—a baffled oculist.

ANNOTATION.

Ruskin says : "Hundreds of people can talk for one who can think; but thousands can think for one who can see."

"Though Man a thinking being is designed,
Few use the great prerogative of Mind ;
How few think justly of the thinking few,
How many never think who think they do."

THE FAMILY DOCTOR.

Extract from Presidential address of Dr. John Coventry before the Ontario Medical Association.

WHERE IS THE FAMILY PHYSICIAN OF THE PAST?

Whatever the causes are, we find him to-day split up into specialties, and the average family has taken on a sort of centrifugal action with respect to their ailments. The major domo has a long-standing hæmorrhoidal affection, and a "rectal specialist" has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks require the services of a gynecologist.

The elder son has a pain in his back, and is doing his own doctoring. The patent medicine advertisement is getting its deadly work in on him and his pocketbook—and his back still aches.

The elder sister has trouble with her eyes, and an alleged oculist is treating them.

Another scion has a "catarrah," so-called. He is in the hands of a "throat and lung institute."

Another daughter has a friend who has an unrevealed trouble, and goes twice a week to a doctor (?) who cures all his patients with electricity, and the young lady is easily persuaded to try him for—constipation.

A younger brother has an unseemly eruption, and a "skin specialist," after exhibiting the pictures and the pickles in his office, promises him a "skin like velvet," but he will have to shake medicine for six months.

But why multiply the evidence? The fact is known to every one of you that united families, so far as a common physician is concerned, is the exception nowadays (most unfortunately for themselves).

I am not prepared to account for this state of things, but I may be pardoned if I suggest that some of us are largely responsible for it ourselves.

There is a trite saying "that too many men abandon the study of the profession when they begin the practice of it," and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice and can scarcely make ends meet, it is not to be wondered at if he does not keep abreast of the times with his reading, or if he is not within reach of the city and its hospital clinics he is very apt to drop into the rear rank (not necessarily so).

THE GRADUATION ADDRESS

Delivered in the University of Glasgow on July 22nd, 1897,

By W. T. Gairdner, M.D., Edin. and Dub., F.R.C.P. Edin. and Irel., LL.D., FRS.,

Professor of Medicine in the University of Glasgow; Physician in Ordinary to Her Majesty the Queen in Scotland.

Ladies and Gentlemen,—I have had occasion some years ago to encounter what I have selected as the text of this little sermon, or address, in a form which I venture to think is susceptible of improvement—demanding, in fact, what, if it were a Biblical text, we should call a "revised version." As it is only, however, a very common French proverb, we may take it upon ourselves now to adopt it with the rendering most suitable for our purpose. I was standing, on the occasion referred to, in the reception-room of the British Medical Association, while one friend, locally familiar with the ground, was inquiring for tickets for some evening entertainment or other, while another friend, a very distinguished ethnologist, and I, were awaiting the result. The first friend was by this time pretty well merged in a crowd, all alike clamorous for tickets, on which he ejaculated accidentally, "Ah, everything comes to him who waits." "I beg your pardon," I remarked, "you will not say that if the tickets are all done and you find that you cannot get them." "How do you reconcile that proverb," said the ethnologist to me,

"with Shakespeare's 'tide in the affairs of men that, taken at the flood, leads on to fortune?'" "Oh," I replied, "I do not see any difficulty there; but our friend has quoted the proverb wrongly." "How so?" "The proverb, as I understand it in French, does not promise anything at all to the man who merely waits, but everything to the man who knows how to wait." And the distinction here is all-important; for Shakespeare's "tide" is just as likely as not to submerge the man who, like Dickens's Micawber, is merely waiting for "something to turn up," while it "bears on to fortune" only the man who "knows how to wait"—who is not merely waiting, but is ready and fully equipped and armed to take the advantage of the tide when it comes. The proverb, therefore, is all right in its real and original form, and Shakespeare is also all right; and both of them contain a good deal of the philosophy of human life and of human effort which it may well be worth while for all of us to consider a little on the present occasion. For, graduates, I am afraid it must be admitted, for most of you at least, that a good deal of "waiting" will have to be done, now or later, before you can expect to reap the highest rewards of your profession. It will not be given to many of you, as to a very excellent hospital assistant of mine now in Johannesburg, to be pitchforked at once into a share of a practice worth several thousands a year, and likely to be largely increased. You will have to wait most of you, perhaps all of you, for considerable success in your profession; and you may have to wait longer than you quite like. But, as this waiting has got to be done — as it is part of the game, in short, and, as I hope to show you, a very important and even beneficent part of it — my lesson to you is that it is as well to study how you can play this waiting game scientifically and practically, according to the laws of the game. My lesson to you is that you should not fret or worry over this, but rather be well advised about it beforehand; in other words, and in the words of the proverb, that you should "know how to wait."

"*Tout vient à point à qui sait attendre.*" That, I believe, is the true original form of the proverb, and, as you will easily see, it contains a far deeper philosophy of life than the current English version, even if we admit that the latter has any meaning at all for us, or is not absolutely misleading. "Waiting" is here set forth as a part, and a very important and necessary part, of the art of success in life; it is to be studied as a branch (a Frenchman might say) of the

savoir vivre. It is to be accepted, not in the spirit of restlessness and impatience, still less in the mere happy-go-lucky mood of a Mr. Micawber, but rather as a part of every earnest man's destiny, and in the full confidence that when it is so accepted and so used by a man working in the right way and in a corresponding temper of mind, the opportunity will come, the tide will rise, which "taken at the flood" (as Shakespeare says) "leads on to fortune." And so the immortal dramatist, he who was "not of an age, but for all time," is found to be in perfect accord with that possibly very far inferior authority unknown, who devised and popularized the science of "getting on" in life in the very epigrammatic phrase with which this little address began.

There need be no hesitation, then, in recommending to you, as young graduates entering on a medical life and medical responsibilities, that you should try, above all things, to "know how to wait." That is the very plain and obvious condition, the first step towards ultimate and honorable success in medicine as well as in every other high pursuit. The great statesman, for example, is he who can "take occasion by the hand, to make the bounds of freedom wider yet"; but he must be content to wait for the occasion. The greatest general or admiral at the head of the strongest army or fleet will be the most careful to see that success is not marred by an inopportune moment for an engagement. Why, then, should you, with all the world before you, and all your lifetime to work in, not "know how to wait"? Why risk all that should be most valuable in your life in one ugly rush — character, experience, efficiency in the end — because, owing to faults of temper, or even the laudable desire to "get on," or the apparent and immediate need thereof, you feel tempted to satisfy all your ambitions at once? "Waiting" — in the sense of the proverb — is not idleness, and in our profession of all others it has no need to be an unprofitable or degrading occupation. There is plenty to do for all of us, if we can only accept our just position and act in a subordinate part with frankness and sincerity. It is even a duty of the first order to keep ourselves, body and mind, in a state of preparation for higher duties; and therefore no one can for a moment think of "waiting" in the sense of a folding of the hands or of what is called across the Atlantic "loafing around." No; he who "knows how to wait" will strive to keep himself always ready to use favorably the occasion when it comes. He will instinctively beware of letting his faculties go to rust; and you, graduates, will natur-

ally seek such occupation as will conform to the large and valuable discipline which you have already undergone. But you will, nevertheless, "know how to wait"; and sooner or later the favourable occasion, or occasions, will come. And then, just because you have so waited and so kept yourselves in readiness for them, you will reap your reward.

There is nothing very profound in all this, you will say. No; but still it requires to be thought about seriously and often. Many a promising career has been blasted, many a life practically thrown away; still worse, many an honorable beginning converted to quackery and baseness by not knowing or not believing that all will come right to him who knows how to wait. The temptations of a medical career are not small—it may even be said that to ill-regulated or over-ambitious minds not guided by principle, and easily swayed by self-interest, they are apt to be overwhelming. Let me advert very briefly to only two out of the many.

1. There is the making haste to be rich—not, perhaps, necessarily a fault (much less a crime) in itself, but certainly an unbecoming attitude of mind in an early medical career, and one which is not easily reconciled with the principles of your higher and nobler vocation. "They that will to be rich," says an old and venerable book, "fall into temptation and a snare, and into many foolish and hurtful lusts which drown men in destruction and perdition." It can hardly be disputed that the temptation and snares here referred to receive many illustrations in connection with the profession of the healing art. Nor is it at all an exaggeration to say that the making of money is by far the easiest part of success in the art. The vast fortunes made by the most glaring quackeries, the immense sums spent (it is to be presumed profitably) in the advertisement of remedies which are either worthless or set forth in terms that can only be described as evidently mendacious, are the standing proof that the art of medicine, if pursued as a mere trade, is at once the easiest and the worst, or the most contemptible, of all possible trades. It may, therefore, nay, will often, occur to you in your early career that the restraints upon your freedom of action arising out of the necessary and honorable tradition of centuries, and out of the almost unspoken influence of all that you have been taught in this University, are somewhat in the way of your success, if the "tide which taken at the flood leads on to fortune" is to be merely a tide of fees. I know not if it is an absolutely true story, but it

is one which might be true, and almost looks like the truth—that of the bone-setter in Paris, who, on account of some questionable transactions, was visited by the police as practising irregularly without a diploma. The story goes that a perfectly regular diploma was immediately produced; but that the supposed culprit earnestly requested the police agent not to betray him, and explained that he had carefully concealed and deliberately suppressed his diploma, "because," said he, "I once practised on the strength of it and was starving; and now, by behaving like a charlatan, and freely advertising as such, I am already a rich man." The moral of the story is that in the making of money, as in other things, you must "know how to wait." The money will come, unless you are very unlucky, with the gradual increase of reputation and in the faithful, quiet, honorable discharge of higher duties; but to make it a first consideration is almost the sure road to a fatal lowering of tone, to the alienation of your more honorable brethren, and in the end to "destruction and perdition" in a medico-ethical, if not also in the apostolic, sense. In the course of a pleasant excursion not long ago with a number of medical brethren, most if not all of them old pupils of mine, and as good fellows as I can desire my old pupils to be, one of the best and not least successful said to me jokingly, "You never taught us how to make money." I at once admitted the truth of the remark, but it was because, in my opinion, that part of a medical education may, nay, ought, to be severely left to itself. The money-making side of your art is very easily, perhaps too easily, learned by those who desire it above all things; but it is not to be looked on as the end, much less the beginning, of your professional efforts. This medico-ethical disability (if such it be) is not one that attaches to our calling exclusively, or even especially. It is true that we have to live by our profession; but at the same time we are bound, as in all high and noble callings, by a much higher law—we are bound in every instance and at every stage of our career so to live that the higher is not sacrificed to the lower. It is not too much to say that every man worth his salt in the medical profession makes up his mind from the first, and advisedly, to do far more for nothing, or for the love of it, than he can ever do for fees. One cannot but regret that it should be needful to place this high doctrine thus clearly and definitely before young and generous minds which are not, as a rule, given over to the opposite view. But the sheer necessities of your early

struggles in some cases, and in all cases the hardening influence of a kind of trades unionism that is now being at many points insidiously introduced into professional life, has a tendency to displace its purer and nobler traditions, and to subvert the teaching of that grand old Hippocratic oath, which in a modified shape is still the substance of the declaration that each one of you has adopted to-day as the rule of your life. I will not go into details, because time will not permit. I will rather take an illustration from another calling, which lies ready to hand. In the current number of the *Quarterly Review* there is an article under the title, "On Commencing Author," in which you may read as follows: "There are numerous motives operating upon the true man of letters . . . urging him to exercise his vocation, and to exercise it to the very best of his power without being paid for it at all. We do not say that he will not ask for his cheque, or thankfully accept it, but we do say that the motive which prompted him to write, if he is likely to be worth his salt in literature, is a motive with which the cheque had nothing whatever to do." The last word that can be said in this place, on this branch of the subject, is that you should love your profession as such—love it so well and with such a whole heart that you cannot think of it as a mere trade, under whatever apparent compulsion of necessity; and to do this, which in the end will be your true advantage and benefit, even (in most cases) from the pecuniary point of view, you must above all "know how to wait."

2. The second temptation which tends to make shipwreck of a medical career, especially in its earlier stages, is an uneasy personal vanity or egotism which makes itself, as it were, the centre of the medical universe and is never done inquiring, "Why am I not as well off as A., or B., or C., who may have been more lucky, but is certainly not better or abler than other people"—or than the complainer, to wit? It is very easy to have this feeling within limits, and perhaps impossible to avoid it altogether; but it is also very easy so to cultivate and coddle it under one or another specious disguise that it becomes a perfect passion for demeaning others, a perpetual cover or cloak for malice, hatred, envy, and all uncharitableness. I hope you will most of you avoid yielding to a weakness which is often that of the strongest and most active minds, and which will often claim to be even a virtue in respect of its bold nonconformity or want of respect for persons, in denouncing what it pleases to hold as

abuses. The only criticism, however, I am concerned at present to pass upon such persons is that they are usually glaring examples of men who do not "know how to wait," and who, therefore, allow their talents, their time, and all that should be most valuable to them, to be squandered in personal and for the most part petty disputes and differences. The result is, that instead of everything coming to them *à point*, as in the proverb, they find themselves from first to last handicapped in the race of life by personal animosities and antagonisms, many of which are not shared in even by the persons, of more quiet and even temper, whose peace of mind it has been intended to disturb. I do not say that it may not occur to any one of you to have to take a part, as matter of duty, in controversy; but as a rule controversy, and especially personal controversy, is to be avoided, and is always particularly to be avoided in the case of young aspirants who, from want of experience if not from their own overweening vanities and conceit, may be too readily brought to mistake very small issues for large ones, and so to nurse, as it were, a vindictive soreness at what they deem to be the neglect of their own high ideals. The broad and large common-sense and the generally peace-loving disposition of the medical profession usually discounts the pretensions of such erratic and quarrelsome members of it, and relegates them sooner or later to the category of men who stand in the way of its normal business, because they have never learned "how to wait."

You will see, I trust, from these examples of the snares and possible pitfalls that beset the path of the young graduate waiting for employment and reward, that the temper and spirit in which that *waiting game* (as I have called it) is to be played may have a very large and important influence on your future happiness and success. If the game of life is not a mere haphazard, if it is at all like (say) a game of chess in its intricacy and its demands on your skill, you will not succeed in it in such a way as to be satisfactory to your friends or yourselves unless you give some attention to the laws of the game; and by these I mean not only those obvious and comparatively well-defined rules the violation of which will involve you immediately in disaster, but those laws also—moral, spiritual, and physical—the study of which, and the acting on which, are absolutely necessary to secure a well-founded and enduring success. A false step in the beginning may have consequences to you which can never be repaired. But (what is perhaps of even

greater importance), in medicine more than in most other callings a steady and satisfactory progress depends much more upon *character* than even on the most brilliant talents ; and character, though it may easily be lost by a single false step, can only be built up gradually by many acts of personal devotion, and by the application in detail of all that you have learned for the relief of suffering humanity during these years of your probation. Hence it may be said with perfect truth, that the more modest *rôle* at the beginning, is often not only the safest, but also the most successful (in the best sense of the word) in the end. The subordinate position, while it enables you greatly to extend your experience, and to keep all your powers and your acquirements well in hand for future use, is often much to be preferred to the more ambitious programme, which by giving you a nominal independence would also place you in a position of comparative isolation, with comparatively slender resources that can be turned to future account. A man who "knows how to wait" will not despise the day of small things ; but he will say to himself, Whatever happens, I must above all things be ready: I must, in any case, strive to keep what I have learned and earned in the way of skill and experience; and I can only do this by steadily persevering in getting more. So that the question of immediate success, whether in the way of emolument or of reputation, is often merged in the larger question, How am I to keep my powers intact for a larger success later—to maintain the discipline of mind and of body, of fingers, and of ears and of eyes, the familiarity with practical methods and processes, which up till now has made me what I am, a legally qualified practitioner and graduate?

It is at this point, graduates, that I venture to commend to you—not for the first time, as you will find from the other little printed address which I have caused to be handed round among you—the claims of the thesis for the degree of M.D. (such of you as mean to go on by-and-bye to that higher degree) to your careful consideration from the very commencement of your medical career. Under the newest regulations by ordinance, the thesis has ceased to be, what it long was, the only academic test employed in respect of the higher degree; but it remains, and probably will remain, the chief test for honors and distinctions under the new system as under the old. But however it may be in this respect worthy of your early attention, there can be no doubt, I think,

that the gradual maturing of the faculties towards a well-considered and, if possible, original thesis on a subject absolutely of your own selection forms an admirable way of keeping your faculties in good repair, of proving your powers to yourselves, and in the end of making them apparent to others without even the faintest surmise of self-advertisement in a bad sense ; for the thesis that bears any trace of such a destination is pretty sure to be rejected. So highly do I (and this, I think, is true also for all of us in the medical faculty)—so highly do we all appreciate the value alike to you and to your Alma Mater of a thoroughly good thesis that we heartily wish it were within the power of the University to offer, as has long been the case in Edinburgh, a certain number of gold medals as the reward of very high distinction in this respect. I may add to the expression of this wish (not now for the first time), that without any certain knowledge I am also not altogether without a hope that through the good-will of some benefactor proceeding upon a recognition of the desire in question it may ere long be accomplished.

I have hitherto considered the French proverb or epigram with which we began, from the point of view which was probably that of its unknown author—viz., as referring to worldly success only, or chiefly ; a high kind of worldly success, it is true, and such as we, your professors, wish for all of you in your art ; certainly not such a success as forms in and by itself a degradation of the art of healing. But I should like before I close to lift the argument for a moment into a yet higher region, and to show you, if possible, that there is a very grand and noble interpretation of the proverb, a spiritual sense of it, in which the "waiting game" may be played with absolute security and with a success, in the highest sense of the word, that none of the "chances or changes of this mortal life" can ever diminish or take away. In one of the most intricate and, I will add, difficult arguments in the Epistle to the Romans (chapter viii., v. 28) St. Paul has formulated for us a proposition which, although I do not much approve in general of texts as detached from their surroundings, I will take the liberty on this occasion of so detaching ; inasmuch as while the context is of the nature of an argument, and one which has led to much controversy, the few words I refer to are really of the nature, not of argument, but of deep spiritual experience, and have a very curious parallelism, so to speak, with the wording, not to say also the meaning, of the French proverb. "We *know*,"

says St. Paul (not as admitting any doubt of it at all) "that all things work together for good to them that love God." Listen again to the Frenchman: "*Tout vient à point à qui sait attendre.*" Is there any real relation or connection between these two expressions? I think there is; and if you will bear with me still for a few minutes I will endeavor to show you that the relation is not only real, but that it goes to the very root of the whole matter.

Huxley, in one of his early discourses upon the laws of Nature, has a superb — I would say a noble, even a sublime— image which ought, in my opinion, to have gone one step further, but which, even as he has it, might have saved him from the remarks of some who have confounded his agnosticism with irreverence. He represents man as playing for his life at a game of what we ignorantly call hazard, against a beneficent and pitying angel, who as a matter of duty will always oblige him inexorably to keep the laws of the game whether he loses or wins; but who, so far from being vindictive or adverse in feeling to man in this trial of his powers, "would as soon lose as win." Now, this is Huxley's way of saying, in what he regards as scientific (though at the same time highly imaginative) language, what our Frenchman has said in the proverb; and it is also, I think, a reflection in some degree (though, of course, without the theistic and emotional element) of the burning words of St. Paul. The point which is common to all three is the idea that human life, its successes and its failures, are in some way or other under the influence of *laws*; and even Huxley, who was no materialist, would assuredly have admitted (though he does not say so) that these laws of our being extend over the mental, moral, and spiritual region as much as over the material. Play the game, he says, according to the rules; for if you do not, ignorance of them will not protect you, but if you do you *may* win, and, in any case, will have done your best. Be sure, says the Frenchman, that if you can only *wait* and be ready, the occasion will come, and with it all things will come to a point for you. Love God, says St. Paul, and all things are yours; for "all things work together for good" to such as love God and conform to His sovereign will. Of course, there is an element here that is not found directly in the other two. It is what we may call the definitively Christian or religious element. The French proverb here is carried up to its highest terms in the form of a great and far-reaching spiritual experience.

But in another, and, perhaps, an even more remarkable phrase used by St. Paul elsewhere the sublime idea here set forth is carried on a stage further. Of himself and Apollos he says, in speaking of the foundation and planting of the Corinthian Church (1 Cor. iii., 9), "We are God's fellow-workers; ye are God's husbandry, ye are God's building." This working together of all things for good, therefore, admits of active as well as passive co-operation with God, and those that work on these lines in the love of God are συνεργοι του θεοῦ — laborers together with God (as the Authorized Version has it); God's fellow-workers, more literally and more strikingly, in the Revised Version. Here, one can see at once, is the implied condition of the *synergy*, the working together for good, that is pointed to in Romans. In doing God's work, doing it consciously and along with Him, we cannot fail to have Him with us. Thus it is that "all things work together for good to them that love God" and are willing to co-operate with Him in His work. Success in life, as this view of the matter puts it, depends on what you mean to do and how you mean to do it. If your only objects are money, reputation, a crowd of patients, and large fees, you may very easily fail; nay, you will certainly fail in some degree, for the desire in these cases increases usually beyond the means of its satisfaction. But if you desire, humbly and reverently, to work the work of God, and be a "fellow-worker" with Him, in what profession can you accomplish this object more consciously, more surely, or more inevitably than in ours?

Natura non nisi parendo vincitur. In that saying of the great Chancellor, Francis Bacon, is contained the whole secret of medical as of all other real success. Whether it is the healing of a broken bone, or of a wound, or of a fever, it comes round again to that. By obeying the laws of nature, by working consciously along with them, by adapting our efforts to their conditions, we, too, become "fellow-workers with God." In the material as in the spiritual world it is the same law which governs the whole. God is the great worker—the great Healer. It is through knowing His laws, and acting on them and through them, that we can best, or indeed alone, co-operate with him. And in so working with God, even if we have to wait for it, success is assured. *"Tout vient à point à qui sait attendre."* Only for success in the highest, in the only real sense, it is necessary to "love God" as well as to know His laws. Then, indeed, we shall find that "all things work together for good,"

and the "waiting game"—even if it comes to that—is assured of success.

Few things in the personal history of great men are more pathetic and at the same time more encouraging from this point of view than what we have come to know of the blindness of John Milton. It came upon him, not suddenly, it is true, but completely, in his forty-fourth year. "What a fate!" writes Professor Masson, in detailing all the circumstances with his usual pious care and unwearied diligence. "All his intentions, all his projects, all his hopes of further activity and usefulness turned into a mere groping through a future of blackness. His secretaryship, to which he had been accustomed, the duties of which he had come to like, how on any terms could he give up that? Then, apart from his secretaryship, the cutting short of his own cherished studies and the fond occupations of his life hitherto, his miscellaneous pursuits of knowledge, his commerce with the books he had gathered about him and with the libraries at hand, his unfinished controversies"—all this and more, it will be admitted, forms a most discouraging picture of calamity and possible ruin in the very middle of a great career. But Milton was one of those men who knew how to wait. He tells us so himself in those two admirable sonnets to Cyriac Skinner, in 1655, when the calamity had already been borne for three years. He had a good many more years to wait before he had quite accommodated himself to the new conditions. He had to go into hiding at the Restoration, and then to live in comparative obscurity after he had regained his freedom. Altogether, it was a very poor case, speaking from the point of view of the worldling, for the man who under Cromwell was probably the most powerful as well as the most renowned of Englishmen, Cromwell himself excepted, and whose "*Defensio pro populo Anglicano,*" with its bitter controversial sequels, were not only in some degree the causes of his blindness, but also of his exultation; as he himself says:—

> "Liberty's defence, my noble task,
> Of which all Europe talks from side to side."

Yet it is none the less true that for us, and for all time, the real greatness of Milton was, in a very genuine sense, the outcome of his blindness and comparative obscurity, for to these we owe "Paradise Lost" and "Regained," "Samson Agonistes," etc., while the "Defensio" is now only rescued from oblivion by its being the work of one at no time unconscious of his own great powers, but who had assuredly not

taken a just measure of them when he wrote in early despair of his great calamity just alluded to:—

> "That one talent which is death to hide,
> Lodged with me useless"—

and when, in the calm anticipation that his time of activity and usefulness was ended, he brought this wonderful sonnet to a close in the line:—

> "They also serve who only stand and wait."

I hope most sincerely, ladies and gentlemen, that none of you will have a trial like that of John Milton. But if it should be so, you will draw some encouragement and some small degree of hope, it may be, from his noble example. At all events, your course is now clear. You are graduates of this ancient University, and, as such, fully entitled to practise the art of healing throughout Her Majesty's dominions. We desire to accord you our heartiest congratulations, and to part with you in sincere good-will and with every disposition to help you in your work. What that work is to be we do not presume any longer to dictate. But whatever it may be, we trust that you will apply yourselves to it in the spirit of Longfellow's noble lines, which form the conclusion to the "Psalm of Life," and with which I, too, will close this address:—

> "Let us, then, be up and doing,
> With a heart for any fate;
> Still achieving, still pursuing,
> Learn to labor and to wait."

WRITTEN AND UNWRITTEN ETHICS.

We venture the statement that of the 75,000 practitioners (135,000 in 1902 in the United States, 7,000 in Canada) of medicine of this country, not ten per cent. have ever read the Code of Ethics of the American Medical Association, and that not five per cent. even of the ethically correct in their deportment toward both the public and their brother practitioners remember enough of it to be of the slightest possible value to them as a guide to conduct. Certain it is that as a guide to the every-day conduct of the physician, it is as if it did not exist. The gentleman does not require it, and he who is not a gentleman can utilize it to cloak his rascality. One of the greatest sticklers for the code whom we know, is notoriously unfair toward his brother practitioners, injuring them by innuendo and robbing them of their patients when

he can. Correct medical conduct requires more than can be formulated in words. It requires that rare admixture of regard for others, self-respect, charity, and magnanimity which goes to make up the gentleman. No code can define the constituents of this admixture, and any code which cannot define it is useless, and in many respects injurious. Better than such a code is the unwritten and indefinable law which defines a gentleman. If physicians were absolved from the obligations of gentlemen, and required only not to violate the Code of Ethics of the American Medical Association, the profession of medicine would soon cease to be the honorable calling that it is.

NOTE.—The Oath of Hippocrates may be considered among the earliest records of medical ethics. Dr. Percival, Manchester, England, in 1803, published "Medical Ethics, or a Code of Institutes and Precepts adapted to the Professional Conduct of Physicians and Surgeons"; with additions it was re-published in 1827. This code, with some alterations and additions, is the one in use at this time, adopted (says Dr. Cathell) in 1847 by the American Medical Association.

In the Apocrypha and in the six hermetic books of medicine of Egyptian Neo-Platonists named by Clement of Alexandria, are found many suggestions in reference to medical ethics.

THE PRESIDENT'S ADDRESS.*

BY CHAS. A. L. REED, A.M., M.D., OF CINCINNATI, OHIO.

(EXTRACT FROM ADDRESS.)

The Medical Profession and Society at the beginning of the Twentieth Century.

The results of twenty-five years of statutory regulation of medical practice are in striking contrast with the results of the quarter of a century of attempted regulations by methods of proscription. At the conclusion of that humiliating experiment, as at the beginning of it, there was not a single effective medical practice law on the statute books of a single State of the Union. To-day there are forty-eight State or Territorial licensing boards, the most of them being composed of representatives of both the regular and the sectarian schools of practice. The laws of the different States are of varying efficiency, the one procured by the Medical

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Society of the State of New York, at the price of yet-maintained excommunication from this body, standing to-day as the model of excellence for the entire country. Under the influence of these laws, instigated by members of the American Medical Association, and which, after all, are but expressions of the sentiments of the medical profession confirmed by society at large, many substantial reforms have been accomplished. The medical schools which, in this country, have labored bravely and efficiently under adverse conditions, have been stimulated to increased efficiency. One of the first changes accomplished was the practical standardization of requirements to enter practice; and one of the first features of this standardization was to secure for the student "the aids actually furnished by anatomy, physiology, pathology, and organic chemistry"—the four cardinal studies which, strange-sounding as it seems, it was necessary solemnly and specifically to insist upon a half century ago. It follows, therefore, that with broadened and increasingly uniform curriculums, it can not be said that schools even of sectarian antecedents entirely "reject the accumulated experience of the profession," nor can it be said that, in a sectarian sense, they any longer possess an excuse for existence. Their graduates, or such of them as do not base practice on an exclusive dogma, are, in many instances, met in formal consultation by even conservative regular physicians, and, in more than one instance, are made members of medical societies that are in affiliation with the American Medical Association.

The Illinois State Medical Society, which has always been among the foremost in reform movements within the profession, at its recent annual session, unanimously

> "*Resolved*, That the school of graduation shall be no bar to membership in the Illinois State Medical Society, providing such physician is recognized by the local societies as qualified and not claiming to practise any exclusive system of medicine."

The Ohio State Medical Society, by precedent, if not by formal action, established the same rule.

We thus see that the proscriptive rule which, during the more than twenty-five years of its dominance, propagated the very evils it was intended to correct, is rapidly expiring by limitation in the face of new conditions that have been induced, in spite of it, by beneficent and catholic legislation. In the State of New York alone the annual registration of sectarian physicians has diminished nearly ninety per cent. under the operation of its present laws. In the State of Ohio

many physicians who are graduates of sectarian schools are making application to have their classification on the register changed to "regular," while equal reactionary movements are observable in other States. Thus we observe the passing of Homeopathy and Eclecticism just as did the calm scientists of Rome witness the passing of the "Humoralism," the "Methodism," the "Eclecticism," and the "Pneumatic School" of that period; and just as passed the "Chemicalism," the "Iatro-Physical School," the "Iatro-Chemical School," and the "Brunonianism," and the dozen other "isms" of later epochs, each leaving its little modicum of truth as the memento of its existence. And let us felicitate ourselves that, with the passing of the particular sectarianism of the last century, there is also the passing of its concomitant evils, such as existed in even greater degree in the time of Galen, who "found the medical profession of his time split up into a number of sects, medical science confounded under a multitude of dogmatic systems," and, as if relating the effect of the cause, the historian continues, "the social status and the moral integrity of the physician degraded." The further results of this new order of things, however, are observable, not alone in the modified curriculums of the medical schools, but in the changed organic relations of the institutions themselves. Under the pressure of legal requirements the weight falls with almost fatal force upon the small, private and poorly equipped institutions. These institutions, in the interest of self-preservation, and to protect a respectable alumni, are forced either to expand their enterprises or to seek relations with universities which are deeply founded in the community; or else actually to go out of existence. The majority of the schools seek connection with the universities, by which step alone they become logical objects for endowment, and it is to be hoped that this movement will continue until in this great country medical education shall be as firmly established as it is to-day in any of the transatlantic nations.

Another of the new conditions which has developed within the last quarter of a century, as the result of an increasing professional unity, is the efficient sanitary regulations, national, state, and municipal, that now afford protection to the people from diseases that were formerly devastating in their effects. While these various changes have taken place, others of almost equal importance are observable in the relations of physicians to society. While the community, instigated by the medical profession, has given to that profes-

sion a legal status, definite and increasingly influential, and has given it certain prerogatives and certain exemptions, it has, likewise, hedged it about with certain limitations and imposed upon it certain liabilities. There are numerous laws, both common and statutory—*lex non scripta* and *lex scripta*—that admonish the physician that his conduct carries with it a liability not defined by self-imposed rules, and the numerous courts of our land proclaim that there are tribunals other than his own conscience to adjudge penalties for carelessness or neglect on the part of the physician. So numerous, so unjust, and so disastrous are actions from such tribunals that they have caused the development of a new, legitimate and beneficent enterprise, in the development of a company to insure physicians against malpractice. It may be true that in certain states and localities these laws are unjust, and that there is a grave error in their administration by judges created under our wretched elective system; but if so, the facts only emphasize anew the necessity for the more complete organization of the profession and for the more active exertion of its influence upon elections.

A WARNING TO DOCTORS.

We all know how difficult it is to keep back anything from one's wife. If she suspects that "hubby" knows anything of a confidential nature about any of his pretty patients she has a thousand ways of getting it out of him; and she always vows most earnestly that she will not tell. Too often hubby yields to the pressure. It may be that he compounds with his conscience, and justifies himself with the figure of speech "better half," or "man and wife one;" and again, a secret may be so great as to require two to keep it, he says. At any rate, has a doctor the right to take his wife into partnership with his professional secrets?

ANNOTATION.

"Fidus in arcanis" should be the guide in all professional work.

> This above all, this precept chiefly learn,
> This nearly does, and first thyself concern;
> Let no example, let no soothing tongue,
> Prevail upon thee with a syren's song
> To do thy soul's immortal essence wrong,
> Of good and ill by words or deeds expressed,
> Choose for thyself and always choose the best.

Arcanum neque tu scrutaveris illius (vel ullius) unquam
Commissumque tegès, et vino tortus et ira. Hor. Epist. I. 18

VALEDICTORY ADDRESS *

OF RICHARD GUNDRY, M.D.

Our worthy Dean introduced me to you, ladies and gentlemen, as an apology. I am therefore only an apology for a speaker. You will doubtless receive me as you would hard times and heavy taxes—with becoming resignation, as a stern necessity, and try to make the best of it. That you will accord me your attention I am sure, from the well-known courtesy of Baltimore audiences. Should my very hastily prepared address tax your patience too long, I can only plead the excuse that Pascal gives for the undue length of one of his letters—that I had not time to make it shorter.

No person within the sound of my voice can regret more than I do the absence of Senator Voorhees on this occasion. From his well-earned reputation, you had a right to expect from him much gratification. Instead of the intellectual banquet he would have set before you, with tempting viands and glorious fruits, the whole feast decked out with fragrant and many-hued flowers, I can only ask you to partake with me a pottage of wholesome herbs, which can prove useful, if not especially fragrant or ornamental.

> "For you there's rosemary and rue. These keep
> Seeming and savour all the winter long.
> Grace and remembrance to you." *Hamlet* Act IV. S. 5.

There can be, Gentlemen of the Graduating Class, only one other occasion in your lives which can vie in interest and importance to you with this scene. The occasion I refer to is your wedding-day. There is, however, a slight difference to be noted. To-day *you* are the central figures on which all the interest of this vast assembly is concentrated. On that occasion, another will be the chief object of interest to the sympathizing spectators, and each of you will play but a subordinate figure. On both occasions, troops of friends will gather to share in and add to your joy. Their hands will bring flowers to enhance the grace and beauty of the scene; their hearts will swell with satisfaction at your present success, while their best wishes and hopes for your future will find fervid utterance. Then as now, to each one of you, all will have a roseate hue, and none would seek to dispel the fond illusions of the day. Yet all your true friends will perchance also remember that trials and struggles, disappointments and dangers, must come to you as to all men—trials

* Delivered to the Graduating Class of the College of Physicians and Surgeons, Baltimore, March 1, 1883.

which will make you stronger and better if you grapple with and conquer them, or may (which God forbid) result in failure and disaster. On neither occasion can your friends hope for you an unchequered career of success and happiness. Professional life without its cares and struggles and difficulties (if such a thing were possible), would only engender weakly growth. The plant of the hothouse may have its charms, but strength is not one of its attributes. The oak that has been reared amid the heats of summer and frosts of winter, whose branches have been buffeted by the winds and storms, may sometimes suffer injury, but grows stronger with every conflict with the elements, and becomes at last the majestic monarch of the forest, the pride of all the country. If you would be the strong men of your profession, you must be prepared to meet with calm courage the trials and storms that await you. As to the prospects of a married life without a passing cloud, I can only quote, for your benefit and consolation, the opinion of a good Presbyterian divine. When one of the elders of his church complacently asserted that he and his good wife had lived together for forty years without a word of anger or difference between them, he gravely replied: "Eh, man; you must have had a terribly monotonous time of it!"

To-day no such spectres shall affright us. Let us give to the illusions of hope full play. The sombre shades of the past have taken on a more mellowed hue as they blend into harmony with the bright tints of the present. The future dawns upon you with still brighter radiance. To-day you naturally feel elated at your achievements in the various studies of your profession, of which your presence here and the diplomas you have just received are the evidence. You have a right so to feel. To each of you, the diploma you hold seems the veritable lamp of Aladdin, by which you may conjure to your aid mighty genii to lay bright jewels and untold wealth at your feet. To-morrow or to-morrow's morn it will more justly represent the rusty key with which you will eagerly try to unlock the doors of Doubting Castle, in which, with Hopeful, you have been immured. The vital question, then, will be how to apply it rightly, so as to unlock the doors that lead to prosperity and success. You will then find, as cooler judgment and keener vision displace your first elation and subsequent despondency, that there are many heights to climb, many tasks to be performed, before success is within reach. Do not sigh for royal roads or short cuts to the desired spot, or fall into what Lord Bacon calls the "paradox

As You Like it
Act II. Sc. VII ad finem

The Globe 27. II. - 28

Blow, Blow, Thou Winter Wind

Amiens.

Blow, blow, thou winter wind,
Thou art not so unkind
As man's ingratitude;
Thy tooth is not so keen,
Because thou art not seen,
Although thy breath be rude.
Heigh ho! Sing, heigh ho!
Unto the green holly;
Most friendship is feigning,
Most loving mere folly;
Then, heigh ho, the holly!
This life is most jolly.

Freeze, freeze, thou bitter sky,
That dost not bite so nigh
As benefits forgot;
Though thou the waters warp,
Thy sting is not so sharp
As friend remembered not.
Heigh ho! Sing heigh ho!

—William Shakespeare.

of power"—desiring to gain the end without submitting to use the means.

There are four ways, says Lord Campbell, by which an English barrister succeeds in achieving professional success. First, by huggery; second, by writing a book; third, by a miracle; fourth, by attending sessions, special pleading, etc.; that is, doing work in the lower walks of professional life. Analogous methods are applicable to our own profession. A word or two upon each method may be appropriate to our present circumstances.

1. The English barrister is mainly dependent for business upon the work sent him by attorneys. It is considered unprofessional in him to solicit from them, or to cultivate their particular acquaintance, so as to attract their business by any other means than by supposed legal qualifications. The arts employed to solicit the aid of attorneys by improper means is *huggery*. Now many a young medical man, as well as a young barrister, thinks he can rush into great practice by the adroit, and of course undetected, practice of the various arts of huggery. He drives through the streets as if death and he were running a race who should reach the patient first, his imagination all the while dwelling upon the attention he gains from beholders, who, impressed with his supposed press of business, will hasten to employ a rising man. The trick may succeed, but the more usual result is that all sensible people hurry to get out of the way of the doctor's horse and of himself. When we see a young doctor's equipage always driven up to his door as the church-going people are going to or coming out of church, there is a suspicion of huggery. A young doctor marries a wife who, by her tact and manners, impresses society favorably, and seeks, by hints and innuendos, to assure all her acquaintances of the vast ability and great success of her husband; that if he were employed, their children would be saved, and none should die from anything but old age. This is huggery in another form. When a young doctor is noticed to be very often called out of church, or lecture, or public gathering, where his older brethren sit calmly enjoying their rest, the suspicion of huggery is strong. One of the old medical worthies practiced this art in a way only accessible to those of us who are fortunate enough to be sons of ministers. When he was called out of the congregation, his reverend father would pause in the service, and solemnly ask the prayers of the congregation on behalf of the afflicted person his son was about to visit. When a young physician (ay, or an old one too) loudly discusses

professional subjects in a promiscuous company, without any especial reason for so doing; when he recounts the cures he has wrought and the wonders he has achieved; when he shrugs his shoulders at the narration of the ill-results of another physician's efforts, or suggests, however modestly, how he had treated similar cases with very different results—what is this but huggery of a very mean sort? When a man is called to a case in care of another physician, when little remains to be done, and hints at the different result which might have been if he instead of the other physician had been called soon enough—this is huggery, and something worse! These are a few of the "black arts" with which men seek professional success. The man who succeeds with them would generally succeed without them. Unfortunately such arts and their reported success attract the attention of the beginner, despondent and anxious for work, who forgets that solid work and real merit alone can retain the practice which fortune or craft may have thrown in his way. Success thus purchased is purchased only by the sacrifice of self-respect.

But while I trust you will despise all these "black arts," do not rush to the opposite extreme and despise all extraneous advantages. If, where you settle to work, you have an influential or large connection eagerly interested in your prosperity, be thankful for such blessings, but do not expect too much. Prove your armour first, and then they will help you. However benevolently inclined a friend may be, he would rather that you cure some other person before he submits himself or those dear to him to your professional care in the emergencies of disease. Every man thinks that if he can find the *first* friend to help him, others will soon follow. This is true. Every man with a proper spirit will find this friend who will hew for him the first steps out of the rocky steep where he can place his feet securely in his ascent to fortune. The first few steps gained with the assistance of this friend, the rest are more easy, and other friends will cheerfully aid his upward progress. But where will I find this first true friend? each of you may ask. You may recognize his features, if you will, in the first looking-glass you come across.

2. *By writing a book.* This is a means of acquiring practice rarely accessible to a young lawyer or a young physician. My revered friend, an old clergyman, used to say to young preachers: "If the Lord calls a man to preach the Gospel, He also calls men to hear him preach. That is the proof of the call." So a young man may publish if he has money to

spend or can circumvent a publisher—a difficult thing to do —but the question is of readers. Without readers, how is the book to bring patients to the author's door? The substitute for writing books with us is writing for medical journals. There the young writer has the chances of getting into print at the expense of somebody else, and has readers furnished to his hand. Undoubtedly, writing for the journals is a great lever rightly used. It establishes your reputation among your professional brethren, the true basis of professional success. But when we, as patient readers, call to mind the number of contributions on every conceivable subject that claim our time and attention; when we have to separate that which is but revamped from that which is new, the unreliable from the reliable, the premature and immature from the well-thought-out and considered article, we are too often reminded of the well-known tavern bill of Falstaff, in which stood charged "one halfpenny worth of bread to this intolerable deal of sack!" Nevertheless, young men, write! It will develop your critical acumen and your powers of accurate description, if not of observation. But beware of hasty generalization; muster your facts clearly before you, and be sure, first of all, that you know what a fact is before you write about it. If possible, exercise in some degree the forbearance and self-control of Louis, who observed cases of phthisis without taking part in their treatment for years, and after a time destroyed his papers, saying he had only learned to observe; then began anew that series of observations which are the basis of our knowledge of the application of the numerical method in medicine. Such labors, such books, place the authors among the immortals. And so Austin Flint's carefully matured observations of the phenomena of typhoid fever, conducted under the same severe rule, laid the foundation of that great reputation which, both as a physician and as an author, he so deservedly enjoys.

There is another phase of this question which may appear to you in after years of professional life—the duty of publishing for the benefit of the profession and the world the results of special opportunities for observation or important discoveries. I shall not dwell upon this topic, which is generally dwelt upon with much amplification by every editor. I will only mention two striking instances of loss to the world by failure of such publication. In the quiet village church of Yelminster, in Dorsetshire, a monument records that Benjamin Jesty performed vaccination in 1774, twenty-two years

before Jenner's first operation. There is no reason to suppose that Jenner knew anything of Farmer Jesty or his work. Anesthesia by etherization was made known to the world by Morton in October, 1846. Yet a simple record of a similar event had been made by Dr. W. C. Long, of Jefferson, Ga., four years before; not in any journal, but in his ledger, thus: "James Venable, 1842. Ether and excising tumor, $2.00."

What untold suffering had been spared the world if these facts had been published by any medical man cognizant of them, at the date of their occurrence! and, in the latter case, what heartburning and unseemly controversies had been set at rest! Priority of discovery is not sufficient if not accompanied with priority of publication. Hesitation in the latter is fatal to the claims for honor due to the former.

"He either fears his fate too much,
Or his deserts are small,
That dares not put it to the touch,
To gain or lose it all."

3. *Success is sometimes the result of a miracle.* A lawyer, by a brilliant speech, bounds from obscurity into full practice. This is a miracle. The career of the celebrated Erskine is almost the solitary example among lawyers, unless that of Patrick Henry may also be so considered. A brilliant operation, with its éclat and unexpected success, leads to a subsequent career of practice. Such was the case with Liston when he settled in London. The unexpected attendance upon some prominent person, and consequent entrance into a lucrative practice—opportunities unexpectedly offered, and eagerly embraced with distinguished success—these are the miracles which sanguine young men expect to be performed in their behalf. In both professions miracles are rare. They abound only in novels. Many are more apparent than real. The sudden rise into conspicuous position may be observed, but the hard work, the steady reading and observation carried on in the quiet study or in the lowly dwellings of the poor, have been unnoticed. One whom I reckon among my friends and delight to honor, on a favorable opportunity, suddenly bounded from a very slight practice that did not pay his moderate expenses to one which yielded a large income. If this was a miracle, it was easily accounted for. The opportunity indeed came; he was ready for it. Years of quiet toil had put vast stores of medical and general knowledge into his head, and into several books of index, by which he was able, at a moment's notice, to combine all he knew upon any given subject, and to refer to the original sources of information.

Follow his example, and you will be ready for a similar miracle to strike you. Neglect the means he employed so well, and no miracle can save you. Such are the men to whom may be applied Dryden's fine line:

"For he was great ere Fortune made him so."

The fourth method alluded to by Lord Campbell is for a barrister to attend sessions, etc. In other words, he fills the lower walks of his profession creditably, and gradually rises to the higher by his increasing reputation for ability and industry. *He succeeds by drudgery.* This is the true method in both, in all professions. A good naval officer does not come in through the cabin windows. A young medical man is expected to attend the poor in country or city, by day or night, gratuitously. Boerhaave said "the poor were the best patients, for God was their paymaster;" and by diligent attendance upon them, you strengthen yourself in every way, gradually widen your practice, and at last increase your clientage of better patients in a pecuniary sense. One duty I wish to impress upon you. Where we receive no recompense in money, we sometimes are apt to forget our obligations, both to our patients and to our own self-respect. Respect the feelings of the poor, both by the language and tone of voice in which you address them. The presence of disease is your only passport to any house. Act as a gentleman to all —to the low, to the vile even, as well as to the gentle and the rich. Judge not; you will often see the punishment of error and sin. You cannot know the force of the temptation of your fellow-creature. Your duty is to heal, not to punish. The drudgery you must cheerfully undergo to merit success is thus well described in a few stanzas:

"To be day and night at the beck and call
  Of men who cheat and women who lie;
To know how often the scoundrels live,
  And see with sorrow the dear ones die:
To be laughed to scorn as a man who fails,
  When Nature claims her terrible debt;
To give a mother her first-born's smile,
  And leave the eyes of the husband wet;
To face and brave the gossip and stuff
  That travels about through a country town;
To be thrown in the way of hysterical girls,
  And live all terrible scandals down;
To study at night, in papers hear
  Of new diseases and human ills;
To work like a slave for weary years,
  And then to be cursed when you send your bills

"Now, just one word! Don't be too hard
On those who cannot afford to pay.
For nothing you'll cure the widow and child;
For nothing you'll watch till night turns to day.

* * * * * * * *

You'll hear confessions, and keep them safe
As a sacred trust, like a righteous priest.
To do your duty you are not sworn,
As others must do in this world of woe;
But you'll hasten away to the beds of pain,
Through rainy days and nights of snow."

While you are performing the drudgery, you are also laying broad and deep the foundations for future success, which will follow according as you laboriously and wisely work for it. You must study hard. If you think you have learned your profession, a short time, if you are wise, will dispel that pleasing delusion. We, with our best endeavors, have only taught you how and what to learn; the rest you must do for yourselves. You will unlearn much too. The knowledge you imbibe will resemble a somewhat turbid solution, which in time will gradually settle, and perhaps crystallize in the instinctive acts of your daily professional life, or be evolved into that sagacity which intuitively perceives, decides and acts without the intermediate processes being evident—the characteristic of the true physician.

You must observe. "Don't forget to use your eyes!" At first you will be surprised to find how slight the resemblance appears to you between the diseases described by authors or by your teachers, and those seen by your opened eyes. The one was sharply defined with well-marked limits and boundaries, distinctly divided from all others; but in nature you meet with no such correspondent realities, and you have slowly to learn how individual differences modify and obscure the type that underlies the manifestations which distract you; how that, as no two people are exactly alike, so no disease will appear exactly the same in both. You will learn how transmitted properties modify the course, progress and termination of disease. You will learn the families in which all die from slight causes, and those who survive the most terrible diseases or injuries. And in all you will learn to trace the unities of type, the diversities of the individual development.

In the commencement of professional life, remember that excellence in your professional studies, however greatly to be commended, is not all. A mere lawyer or a mere doctor is a very narrow man. Broaden your minds by other studies, if

you can do so. Know at least something of the history of the country you live in; something of the lives of the good and great. Keep up your earlier scholastic studies, whether of classical literature, which purify and elevate your taste, or of mathematics, which discipline your reasoning, or of science generally, which enlarge your powers of observation and exact definition. Above all, devote some time to the study of logic. In no branch of knowledge are medical men, as a rule, so deficient. Remember, however, that henceforth these studies must be subordinated to those of your profession. Medicine is a jealous companion; and so is literature. Admit them to live on equal terms with you, each would mould you to her own ideal, and you may fare like the man mentioned in the *Spectator* with two wives, one young, one old: one pulled out his grey hairs to make him young; the other pulled out the black to give him a venerable appearance; between them both he was well shorn. So will you fare if you promote the young acquaintance to be an equal with your life-long companion. A few great exceptions, like Arbuthnot and Akenside, were successful in literary pursuits as well as successful practitioners. Most men abandon one or the other.

Another temptation, very effective with some men, is public life. Little by little they are lured into the vortex of politics; sometimes from the hope of increasing practice from political connections or political prominence. Rarely are such prognostications verified. In general, I would say to young physicians, respecting politics, in the words of the student's song:

"Beware! beware!
Trust her not; she is fooling thee."

Still, do not mistake me. A medical man must act his part as a good citizen, and feel an interest in the progress of the country, the state, the town, the community he lives in. Politics, rightly considered, is one of the noblest of studies, but if sought to be used only for personal considerations, it becomes one of the lowest occupations. Rarely is a physician called upon to bear an active part in political life. Yet I do not forget that the Declaration of Independence bears the honored name of that great physician, Benjamin Rush, and that our profession furnished the most conspicuous martyr to the cause of Independence in General Joseph Warren, who fell at Bunker's Hill. In thinking of the General we are apt to forget the physician, yet within the past twenty years,

two illustrious men died whose entrance into the world he professionally assisted—one, the late Josiah Quincy, Mayor of Boston, and President of Harvard University; and Lord Lyndhurst, who, born, in Boston, was three times Lord Chancellor of Great Britain. Nor can I fail to remember that the great leader of the constitutional party in Europe is Rudolph Virchow, no less renowned as a physician and pathologist. When you can rival Virchow in your attainments as a physician, you may do as you please as to political matters. If, however, you hesitate whether or not to enter the arena of politics, take *Punch's* advice to those doubting as to matrimony—don't.

Now you begin to ask, to what does all this tend? What is the success if gained; what the evidence of its attainment? One result of a long and successful medical career, recorded in an epitaph, will hardly content you:

> "Here lies Dr. Bard,
> Who filled half this churchyard."

If we compare the results of great success in our profession with those of like success in other professions, either by the pecuniary or social rewards acquired, the comparison is not in our favor. Thomas Denman and Benjamin C. Brodie were cousins; the one a leading lawyer, the other a leading surgeon, each holding in his own profession a corresponding high position. The one became Chief Justice of England and was made a peer; the other remained a commoner. If you object that the comparison is not to the purpose for us, because here titles do not mark the recognition of professional worth by society, I answer, let us test it by a pecuniary standard. Compare the fees paid to lawyers and physicians for public services; compare the uproar made about paying the claims of the medical attendants of the late President with the matter-of-course way in which the fees of the lawyers in the first Star Route trials were paid. Both failed from causes over which they had no control—in the one case to save life, in the other to gain a verdict.

So with engineers and other professions; their remuneration is much greater for services by prominent men. But, on the other hand, if other professions can point to greater prizes than ours can promise to any, however exalted, they have more blanks. No profession affords so sure a remuneration in all respects as ours, when honestly and rightly practiced, both in an honorable though perhaps moderate support, and in securing a respectable position in society—a position

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with Canadian investors. During
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The Globe — 10. III. 1930

Strange Juxtaposition Of Joy and Sorrow

A day for rejoicing and a day for sorrow was Saturday in the United States, because of a coincidence of happiness and tragedy among Supreme Court Judges.

Oliver Wendell Holmes, son of a noted author, himself a Justice of the United States Supreme Court, on Saturday celebrated his eighty-ninth birthday.

Justice Edward Terry Sanford, Associate Justice, and who had visited William Howard Taft's home daily during the latter's illness, died suddenly at noon.

Five hours later former Chief Justice Taft passed away, after his long illness.

dependent rather on worth than wealth, which gives us the cheerful companionship of the good and the cultivated on no unequal terms. No profession gives to the honest worker so great an opportunity of doing good, of enlarging our minds and expanding our hearts, so that the practice of our profession becomes a joy and a reward of itself and for its own sake. Above all, while in other professions intellectual gifts or special endowments may be the only requisites for success, they retain their great value in our profession, but they do not form all; they do not form the larger part of the qualifications that denote the true physician. However bright his intellectual gifts, his character, his integrity of purpose, his moral elevation, constitute his true claims to respect. It is upon these that the community rests so steadily. Gentlemen, this is the glory of our profession that true success always depends upon personal character, even more than upon professional attainments.

And so, gentlemen of the Graduating Class, if, as I have said, we cannot wish for your immunity from the common lot of man—care and trouble—we can and do heartily wish you true success in all the struggles of life—a success the more valued that it shall have been honestly earned; a success that will grow with your growth, because it will follow duties well and honorably performed. Then, and not otherwise, you will find come to meet you true honor and happiness. As I bid you farewell, I wish for you a fair field for the exercise of your chosen vocation. I do not for one moment doubt your success. I fervently hope for you, that in every position you may occupy, high or lowly, you so will act your parts as to illustrate in your lives all the characteristics that are combined in

THE GRAND OLD NAME OF GENTLEMAN!

"In Memoriam" canto III.

THE MORNING VISIT.

By OLIVER WENDELL HOLMES, M.D., LL.D.

A sick man's chamber, though it often boast
The grateful presence of a literal toast,
Can hardly claim amidst its varied wealth
The right, unchallenged, to propose a health.

Yet, though its tenant is denied the feast,
Friendship must launch his sentiment at least,
As 'prisoned damsels locked from lover's lips
Toss them a kiss from off their finger tips:—

The morning visit: not till sickness falls
In the charmed circle of your own safe walls,
Till fever's throb, and pain's relentless rack
Stretch you all helpless on your aching back—

Not till you play the patient in your turn
The morning visit's mystery can learn.
'Tis a small matter in your neighbour's case
To charge your fee for showing him your face;

You skip up stairs, inquire, inspect and touch,
Prescribe, take leave, and off to twenty such.
But when, at last, by Fate's transferred decree,
The visitor becomes the visitee—

O, then it pulls another string,
Your ox is gored, and that's another thing.
Your friend is sick—phlegmatic as a Turk,
You write your recipe and let it work:

Not yours to stand the shiver and the frown
(And sometimes worse) with which your draught
goes down.
Calm as a clock, your knowing hand directs,
"Rhei, Jalapae—ana grana sex."

Or traces on some tender missive's back,
"Scrupulos duos—pulveres ipecac,"
And leaves your patient to his pains and gripes,
Cool as a sportsman banging at his snipes.

But change the *time*, the *person*, and the *place*,
And be yourself the "interesting case,"
You'll gain some knowledge which it's well to learn,--
In future practice it may serve your turn.

Leeches, for instance (pleasing creatures quite)—
Try them, and bless you! don't you find they bite?
You raise a blister for the slightest cause;
But be yourself the great sublime it draws,

And, trust my statement, you will not deny
The worst of draughtsmen is the Spanish fly.
It's mighty easy ordering when you please
"Infusum sennæ—capiat uncias tres."

It's mighty different when you guzzle down
Your own three ounces of the liquid brown
"Pilulæ"—"Pulveres"—pleasant sounds enough,
When other jaws receive the shocking stuff;

But oh, what flattery can disguise the groan
That meets the gulp that sends it through your own?
Be gentle then; though Art's inspiring rules
Give you the handling of her sharpest tools,

Use them not rashly—sickness is enough,
Be always "ready"—but be never "rough."
Of all the ills that suffering man endures,
The largest fraction liberal Nature cures;

Of those remaining 'tis the smallest part
Yields to the efforts of Judicious Art.
But simple kindness—kneeling by the bed
To shift the pillow for the sick man's head;

To give the draught that cools the lips that burn,
To fan the brow—the weary frame to turn—
Kindness untutored by our grave M.D.'s
But Nature's graduate, whom she schools to please—

Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist's pile.
Once more—be quiet coming up the stair;
Don't be a plantigrade—a human bear—

But stealing softly on the silent toe
Reach the sick chamber ere you're heard below.
Whatever changes there may meet your eyes,
Let not your looks proclaim the least surprise;

It's not your business by your face to show
All that your patient doesn't wish to know.
Nay—use your optics with considerate care
And don't abuse your privilege to stare.

But if your eyes should probe him overmuch,
Beware still further how you rudely touch;
Don't clutch his *carpus* in your icy fist,
But warm your fingers ere you touch the wrist.

If the poor victim needs must be percussed,
Don't make an anvil of your patient's bust.
Doctors exist within a hundred miles,
Who thump a thorax as they'd hammer piles.

If you must listen to his doubtful chest,
Catch the essentials and ignore the rest,
Spare him—the sufferer wants of you an art,
A track to steer by—not a finished chart.

So of your questions—don't, in mercy, try
To pump your patient absolutely dry.
He's not a mollusk squirming in a dish,
You're not an Agassiz—and he's not a fish.

And last, not least; in each perplexing case,
Learn the sweet magic of a cheerful face,
Not always smiling—but at least serene;
When grief and anguish cloud the anxious scene.

Each look, each movement, every word and tone,
Should tell the patient you are all his own,
Not the mere artist—purchased to attend—
But the warm, ready, self-forgetting friend.

Whose genial visit in itself combines
The best of tonics, cordials, anodynes.
Such is the visit that from day to day
Sheds o'er my chambers its benignant ray.

I give him health! who never cared to claim
Her babbling homage from the tongue of Fame.
Unmoved by praise, he stands by all confessed
The truest, noblest, wisest, kindest, best.

ANNOTATION.

This poem appears in only one edition—a rare one—of Dr. Holmes' works. It sparkles with wit, is full of quaint humor, and gives some ethical instruction well worth study and adoption in every department of practice. The great Billroth said:—

"I am no longer the unterrified, bold operator as you knew me in Zurich. I lay before myself now, always, the question, Would you permit this operation to be performed upon yourself if you were in the patient's position? Then, one comes, in the course of years, to a certain resignation. With every year which fate yet gives me, shall I become more and more affected by bad results in our art."

THE PERFECT DOCTOR.

Much is expected of the physician, and the rules for his behaviour and demeanour when "on duty" are many and foolish. The *Medical Age*, in commenting on this, says that a doctor must learn to: (1) laugh, (2) tell a story, (3) keep his own troubles to himself, (4) stop croaking, (5) hide his own pains and aches under a pleasant smile, (6) not to cry, and to (7) meet his friends with a smile, because, while the good-humoured soul is always welcome, the hypochondriac

or the dyspeptic is most always an insufferable nuisance. Besides which a good laugh and a well-told story are a godsend to a sick room. Then the world, which is too busy to care for your ills or sorrows, is just as indifferent to your pains, and while tears do well enough in novels, they are out of place in real life, where it is kinder to do good than harm, and paddling in dirty water must soil the paddler's clothes.

NOTE.—Be prepared to have it said of each one of us as it was of the Great Head of the profession: "He went about doing good, healing all that were diseased, for God was with Him."

THE TREND OF MEDICAL PRACTICE.

I sometimes wonder how the doctor of the future will be paid. Will it be at so much a visit as at present? I hear someone reply: "Yes, certainly; why not?" It seems to me there are some reasons why a change may develop.

In the first place, our profession is making rapid strides towards a quicker cure of disease. Take, for instance, such ailments as pneumonia and whooping cough. Reports from reliable practitioners continue to show that the stage of these diseases can be materially shortened. And these reports are becoming too plentiful and too respectable to be pooh-poohed or frowned down. We all were taught that these were self-limited diseases, destined, as it were, from man's creation to run just so many days or weeks. Now, I admit there is a time limit when matters are left to nature. But the modern idea and practice is to interpose a medical, a therapeutic limit, and this some days or weeks in advance of nature's limit.

Take again, for example, obstetrics and diseases of women. We don't have child-bed fever as formerly, and in diseases of women the profession has become disgusted at seeing women mutilated by the surgeon's spaying knife, and now there is rapidly developing an effective, if less paying, treatment by medicines for the relief of ailments peculiar to women. Rheumatism? The old treatment was "red flannel and six weeks in bed." Now six days without the red flannel is a good average. Smallpox, the dread, the scourge, is, through the influence of well known drugs, cut in two at the middle, and the last, which brought the dread and danger and horror of pustulation and pitting—that is left out.

But it is when we come to that large class of diseases, known as fevers, that we can foresee improvements which

eclipse all others. For myself, I here feel the ground firmer under my feet than elsewhere. By fever I mean to include all that group of diseases of which "fever" is the leading feature: Malarial, bilious, typhoid, typho-malarial of the West, and "slow" fever and swamp fever of the South, and greatest of all, it appears to me, the fever of fecal blood-poisoning, or auto-infection. The latter, by the way, is an important etiological factor in many, if not most, of the others. These fevers are cured, I might almost say, in days against the weeks of the old treatment. The evidence in support of these statements is ample and fast accumulating, despite the strange disposition of some doctors to cry it down.

These things being true as showing a tendency, it is easy to see that the physician's work must of necessity be greatly abridged. A given community of a given number of families will require, say about half as many visits. And do you think the people will be willing to pay more per visit for the better service—that they will allow you to "raise the price?" Perhaps so, after the millennium. But we are living now, and I am selfish enough to question: "Where will the doctor come in?"

Now, so long as the doctor's pay depends on the length of time the patient is sick, there seems to be a premium put on incompetency and slow treatment and slow cure. And the better class of physicians have, I doubt not, felt the temptation—though they didn't yield to it—to use a slow method of treatment.

Now, we know that as we grow more capable as medical men, our income is cut off. I speak of physicians as a mass. I know a man intimately who assured me that formerly his doctor bills (his trouble was a form of indigestion) amounted to about $75 a year. In later years $5 a year was ample to cover all such bills.

I suppose many physicians will recall an experience similar to my own, in that they made more reputation the first year after graduating than in any other year since. Our cases had such a fine time "running their full course," with little or no interference from the young doctor. We had been taught that it was not expected for a doctor to stop the disease till it had served out its time. It was to us a doctrine "very full of comfort," and it paid.

Will the time ever come when doctors will be paid to keep folks well? I am no radical iconoclast. But I meet men every day who tell me of the changes and innovations that

are coming in matters sociological—that single tax or government ownership of this or that trend of socialism is ere long to be in order. I reckon they know about as much about it as I do, and I know nothing. But I do believe there is such a thing as a drift or trend in affairs, whose tendency is for the good of humanity. And you and I in the fulness of time will fall in with that drift and help along that trend and share (we or our children) in the benefits of consummation.

I remark that hygiene and preventative medicine are the settled national policy whenever governments can interfere. May not this same spirit and practice of prophylaxis come to be the chief concern of the private physician? And then will the doctor be remunerated by the State, or will the people in private capacity contract in advance to have the doctor keep them well?

HINTS.

BY DR. C. E. BOYNTON, LOS BANOS, CAL.

Never fail to take temperature and pulse, enquire as to bowels and listen to heart, even if the diagnosis and indications are evident.

Never make light of a patient for the concern that prompted him to call you.

When the patient is improving and you say to yourself, "I wonder if I best call to-morrow," let that query prompt you to call.

A too favorable prognosis is bad for the doctor.

Trust redressings to patients as little as possible; keep your knowledge, your art and your drugs in your own hands.

When dealing with people who pay physicians with a stingy hand it is best to present bills promptly and go right after the pay, in fact it pays often to scare them out in this way, seeking rather to avoid than to obtain their practice in the future.

When asked suddenly for your bill do not answer before you think, but review the work carefully in your mind and you will find that your patient owes you several dollars more than you would have made it if you would have answered upon the spur of the moment.

One of the most unwise remarks I ever knew an M.D. to make was after he had examined a case, he, looking perplexed, said: "I must go and read up."

There are people who dislike to pay a doctor so badly that physicians should blacklist them, not for non-payment, but for protest payments; to jangle about a bill devitalizes a busy doctor; people who impose upon their doctors by forcing their business troubles upon them feelessly should feel what it is to want a doctor's help and not be able to obtain it.

The curb-stone doctor gives you to understand that he learned it all at college, and that studiousness is a symptom of educational incompleteness.

He whose face is deeply imprinted with the physiognomy of a sneer is an undesirable patient always, unless it is cash and the patient is a travelling man.

The public benefactor who donates millions to improve the water supply of cities, will do more good than by donating the same amount for colleges, hospitals and free libraries.

The curb-stone doctor is a town fixture, like the town pump. He nods nicely, shakes hands, stands treat, knows it all, and at rare moments glances patronizingly at a medical journal.

When a patient leaves you to employ another M.D., for goodness sake do not pass him by on the street without recognition ! Make it in your way to notice him kindly, and make him feel that you are above taking offence in so small a matter.

Never let a bore get hold on you. Be on the lookout for bores always, and discourage them in the start; if you don't, you will want to change your location to regain your freedom.

He who writes his prescriptions is more apt to use "shot gun" compounds than the physician who furnishes his own medicine.

The M.D. who "bears" the fee market belongs to the genus "Cheap John."

In order to know what drugs can do, it is better to handle and taste them yourself.

The doctor of the still tongue is quite as often of the otherwise head, and vice versa.

Don't advise too many radical changes of habit at once.

Don't be a bigot, but at the same time don't certify to the efficacy of a quack dope.

Active principles are more rapidly absorbed from the mouth than from the stomach.

It always pays for the doctor at the bedside to give the first dose or doses of the R to the patient himself.

Don't give a "death's-head prognosis" and run the chance of the patient getting well without a doctor's help.

"The doctors gave him up"—say, doctor, don't take chances for that remark including you—there is nothing in it.

It does not pay for an M.D. to get a social footing with unrefined people; they will be great friends for a time, and then it will be all the other way.

The most nerve-straining practice I have ever found is listening to the woeful stories of calamity howled by those who do not wish to pay a full fee.

It pays to cultivate an agreeable and delicate touch. Few worse remarks can be passed concerning a physician than the observation: "He is rough."

A doctor is liable to make his worst blunder by saying when the mother is alarmed: "Oh, there is nothing much the matter." Set it down that a mother's alarm is not meaningless.

When our patients tell us that they "cannot" take or eat this or that, by giving them some ourselves and calling out their will power we can usually have our way.

If in a professional capacity you run up against a quack treat him as you would treat a nurse or any layman, but do not ever argue with him; however, be polite—yes, strictly polite.

Oral directions to patients are often neglected. If you leave medicine for a patient in cup or glass (the medicine not the patient in said cup) have gummed label handy to stick on.

My friend, Dr. P., sent his patients to the drug store. The druggist got on to Dr. P.'s R's and did a land office business for awhile. Dr. P. now puts up his medicines at his office and his income is doubled.

We should never give important directions in an off-hand way. If the patient should drink, for instance, little or much water, state how much in an illustrated, graphic way, so that your directions will be tangible.

The following medical proverbs are from the *Med. Age* :—

German.—A phvsician is an angel when employed, but a devil when you must pay him.

Dear physic always does good.

A disobedient patient makes an unfeeling physician.

Spanish.—He that sits with his back to a draught, sits with his face to a coffin.

Of the malady a man fears he dies.

He that would be healthy must wear his winter clothes in summer.

English.—Diseases are a tax upon our pleasures.

A good surgeon must have an eagle's eye, a lion's heart, and a lady's hand.

Tender surgeons make foul wounds.

Do not doubt; you are no doctor.—*Anon.*

Most physicians, as they grow greater in skill, grow less in religion.—*Massinger.*

THE SOUP STONE.

When a lad I often heard my venerable grandmother tell the simple story of the man who travelled through this section of the country, known as the Quinte district. It was then sparsely settled and the first settlers were from the bordering States. The man who thus travelled was financially embarrassed, and was evidently the possessor of many wiles. Probably he first saw the glimmer of the moon in that State in which wooden nutmegs grow. To relieve his gastric irritability from want of nutrition, this man who travelled announced to the credulous wives his possession of a wonderful soup stone by which, when placed in a pot with additions thereto which he would name, the finest and most nourishing soup would be produced. He added that the cost of the wonderful soup stone was only $5. Such incentives were enough in those days and he usually made his sale very easily, afterwards being invited to "set in," which he did, and with Falstaffian appetite. He praised the soup, and at the same time complimented the good wife on her good fortune on being the possessor of such a treasure. He then departed in search of others equally credulous; and many such he found.

In due time, remembering that dupes are always at large, and thinking of his successful career among them, he resolved, after a month's qualification in a drug store, to play the fakir on a still larger scale. With this end in view he mixed one ounce of antifebrin and one pound of soda bicarb., called the same XXX and sold it at $1 an ounce. He was thus able to realize a profit of between $12 and $14 on each pound that he sold. The poor misguided doctors—located everywhere—often received pin cushions, blotting pads, pictures and picture-books, calendars, and so forth, each, of course, bearing evidence that *this* remedy was endorsed by a host of M.D.'s, who never read medical ethics, and, in fact, never heard of them. Often some medical journals (some extra good ones) bore full advertisements of XXX, and their

editors announced—no doubt well paid for their trouble—the superior merits of the said preparation, *ethical* as it was called by the editors, and of course by the XXX Pharmacal Co.

The man who sold soup stones in his early life sent his "ethical" compound to every doctor. So kind of him! He also gave some choice prescriptions, one for the ague :

℞ XXX.....30 grains
Quin. sulph..... 2 drachms
Aq. pura ad..... 4 ounces
Sig.—as ordered by the physician.

Another, equally valuable for indigestion:

℞ XXX.....20 grains
Pepsin..... 1 drachm
Bis. Subnit.....10 grains

Another, equally valuable as a laxative:

℞ XXX.....20 grains
Pulv. Rhei.....20 grains
Aloes Soc.....10 grains

"Soup Stone" had, or rather has, a relative who was evidently a near connection. He mixed pipe-clay in a powder with glycerine and with thymol, we believe, and this ethical preparation recently had its prescription in some very decidedly ethical journal. Although of recent birth, Antifeverine is well endorsed by many decidedly green M.D.'s. The Soup Stone Chemical Co. rejoice, and hope that the boys will paste and plaster their patients well; and they are thinking of giving presents of trowels and mortar-boards—or shekels—for a good testimonial and liberal purchases.

Soup Stone's brother, 'way out West many years ago, made a fortune by mixing sour beer and aloes, under the name of the Vinegar Bitters Co. The manager, treasurer, secretary and company is now the proprietor of a banking business. Another brother of S. S. also started a college out west. It was at 9813 Main street, of course, in a large city, and although he was himself educated a real M.D., he, aided by poor State legislation, started an osteopath, hypnotic, psychological electro-therapeutic, suggestive college. After a few weeks' study each applicant was granted a degree in several of the subjects named—e.g., D.O., D.Psy., etc., etc. All for the money! the college is on the fourth floor, and the doctor and two assistants run the show, supported by the State laws.

Whether or not Soup Stone was related to the man who some years ago in Chicago started an "Eclectic State Medical

College" we do not know. A fee from $25 to $50 was charged for a degree of M.D., and many of the *alumni* from this and similar institutions are now recommending in medical journals ethical (quack or patented) preparations of which they can know nothing. Ethics are not studied at such "schools."

Soup Stone, his brothers and his cousins—all fakirs—are spending, it is said, $100,000,000 yearly in making and advertising their goods, and their colleges, in so-called legitimate medical journals and newspapers. They spend thousands yearly on free samples, ink pads, and so on, and in securing the endorsement of educated and intelligent men who do not take time, however, to reflect that they are being duped or swindled, just as much as the poor housewife.

Moral.—Cave Canem : Follow your own materia medica or publicly play the quack by using preparations of whose composition you know nothing.

THE DOCTOR :

A Picture of the Olden Time.

The old-time doctor rises into view.
A "well-read" man he was; and much he knew
For he was "college-bred;" and in the eyes
Of simple folks, no man could be more wise.
He had a sheep-skin in his office hung,
Which, like a banner to the breezes flung,
Proclaimed to all the world his wondrous lore,
Endorsed by learned men full half a score.
His modest sign that hung above the gate,
Failed not his many virtues to relate:
"Physician, Surgeon, Accoucheur," in one;
And yet with these the list was but begun.
He knew and numbered all the human bones;
And well he knew all geologic stones;
He knew how blood coursed swiftly through the veins,
He knew the cause of summer drought and rains ;
He cured his patients of each threatening ill,
And matched the parson in polemic skill;
In politics, philosophy and art,
He never failed to take a ready part.
The master of the village school, his power
In argument acknowledged; and so, hour
By hour, they sat in hot dispute; the crowd,
Meanwhile, each disputant applauded loud.
But these were byplays in the doctor's life,

With other conflicts he was daily rife ;
For fell disease and death rode in the air,
And found their ready victims everywhere.
Against these foes, there was no known defence
Except the doctor's wise omnipotence.
And so, whate'er his patients might befall,
He ready stood to answer every call.
On ambling horse he rode the country o'er,
And carried hope and help from door to door.
Where'er he went, to gentle babe or sire,
Pain fled away, and fever cooled its fire.
Of modern healing art he little knew,
His work was plain, and what he had to do.
His trusting patients quietly endured,
Though oft uncertain if he killed or cured.
His lancet was his faithful right-hand man;
For, at its touch, the crimson current ran,
Till blood, like water, flowed on every side,
And every cabin was in crimson dyed.

His massive saddle-bags with drugs o'erran;
But calomel and jalap led the van.
His dose the palate did not always please;
His pills were large, and bitter were his teas;
His drastic mixtures were no idle play,
And his emetics brooked no long delay.
In short, his victims, like some luckless craft,
Were driven amain and swept afore and aft.
And if at last they died, there was no one
Dared say, "They died from having nothing done."
He promptly, bravely, took his part and place;
And every station did his genius grace.
Heroic man ! He did his duty well;
He fought for others till at last he fell.
Above his grave we need no column raise,
He lives immortal in our love and praise !

NOTE:

"Here's to the men, before whose art
Diseases' deadly forms depart;
When fever's fires burn low,
Whose hands uphold the tottering urn
Where friendships' passions long have burned,
And still are all aglow."

"Requiem aeternam dona eis, Domine, et lux perpetua luceat eis."

SUCCESSFUL DOCTORS.

Who has not asked himself the question why one doctor is more successful than another? Why one succeeds and the other fails? Why one mounts the top round of the ladder of success before the other has scarcely put his foot on the bottom step? Is it brains; is it money; is it social position; is it hard work and studious habits; is it push and gall, blunder and bluster—is it one or all or a combination of these that make the successful doctor? It is personality first, hard work second, and luck third. Under personality is comprised all that which is generally called character. The successful doctor must have that indescribable something which attracts and does not repel, which is sometimes called manner. He must be honest and truthful, above everything, with his patients. He must be affable, and able to accommodate himself to all kinds and manners of people. The word personality embraces all these characteristics and more, too; without it, his chances of success are remote and difficult; with it, he can even succeed with a minimum of brain. By hard work, everything is meant that pertains to the work connected with the practice of medicine; he who wishes to succeed must be studious, he must be persevering, exact and punctual. A young man just starting out is apt to think that his only salvation consists in an immediate appointment to a medical college or hospital position. Hard, steady persistent work in the office oftentimes accomplishes more in half the time than the drudgery of a minor college or hospital appointment. It is through his patients that his success is secured; the good he does them counts more in the long run than anything else. One patient cured brings two *to be cured*, and these again another batch, and so on, until, as the years roll by, he builds up a pyramid that is well-nigh indestructible. He must have a little luck, however, which consists in a fortunate arrangement of circumstances. His rich uncle may die in some far off clime and leave him money with which to buy a handsome turnout to impress the people; or he may step into some well-known man's shoes, and by his personality, hard work and ability succeed in holding a practice already built up for him; or he may marry for love and happen to get money and land on the top wave of prosperity and success, while his poor neighbor is still hunting the pebbles on the beach With the right kind of personality, he can succeed without luck and very little work. With hard work, no personality, no luck, he may never see success. With luck,

and without either of the other qualities, he may reach half way up the ladder. A successful combination would be three parts personality, two parts hard work and one part luck.

THE PECULIAR RIGHTS AND DUTIES OF THE PHYSICIAN.

An American Judge has decided that the law can't compel a physician to lend medical aid even if, without it, life may be lost.—Daily Paper.

A great many people regard the physician as a person who ought to be at the beck and call of everybody, night and day, as one who has to come and go according to the dictates of all, and who has no right whatever to exact conditions; to say, for instance, "You can't have my services except at such and such a price." A physician making a business-like proposition of that kind is liable to be derided as a mere tradesman who completely lost sight of the humanitarian side of his high office.

So the public decides. Numerous doctors, on the other hand, hold equally queer views as to the rights of the public. They think a patient must do their bidding without looking to the right or to the left, and must follow their instructions to the letter, even if soul and body revolt. Their every recipe and recommendation is a ukase, and disobedience means the Siberia of abandonment; arguments are tabooed and the self-conscious doctor thinks it his duty to throw up a case whenever the patient differs with him on any special point of treatment.

I know physicians who won't even allow a patient to ask them a simple question, as in their eyes such is a sign of mistrust. Yet there are often very good reasons for the patient's unwillingness to follow instructions blindly and without argument. There are some physical and mental experiences of the sick that no physician, however learned, can divine.

Both public and practitioners are wrong in what they think of each other. The physician is neither the slave nor the absolute master of his patient. Both have rights and duties deserving of the other's respect, and the keener these rights and duties are recognized the better, the purer and the more ethical the relations between patient and physician.

An American judge has just decided that a physician cannot be compelled by law to lend medical aid even, if without his assistance, life be put into jeopardy; but in delivering

sentence the judge very properly censured the doctor who refused to attend a dying woman by night, holding him morally responsible for her death.

I fully agree with His Honor, and regret with him that there is no law to punish the physician guilty of such reprehensible, almost criminal, conduct.

In case of accident, and when life is in danger, every physician has the solemn duty to lend his services at once, and the Aesculapius who lets the question of compensation enter into such a case disgraces his calling.

It's a physician's business to help. Humanity, morality demand that he give himself up to that business without restriction, without thought of anything but that of making himself useful to the best of his ability.

But, barring accident and the question of life or death, it is difficult to decide whether a physician must obey every call. A specialist for diseases of the ear, for instance, cannot be asked to accept a patient suffering from nervous troubles.

Then there is the question of pay. The physician must live. Like the teacher, engineer, editor and lawyer, he sells his services, though they be mental only, at a more or less fixed rate. If he receives better pay than others, remember that his education, occupying a number of years, was extremely costly and laborious. The money he spent he must try to get back.

You don't ask a lawyer to undertake the conduct of a case for you without paying him a retainer. Why, then, should you object if the physician assures himself of his pay before he touches a job ? It's done only in rare cases, I am sure —when the patient resides far away from the doctor's office, is entirely unknown to him or lives in such a way as to suggest financial embarrassment. In all these cases the physician has the perfect right to refuse treatment unless paid in advance or otherwise assured that his bill will be promptly met.

Even the most ignorant know that, under ordinary circumstances, a medical celebrity doesn't take a step unless his fee is guaranteed, or actually paid beforehand. Certainly no specialist I ever heard of will consent to go out of town unless his expenses and fee are secured in advance. Why should the ordinary practitioner, who is often a man in very moderate circumstances, take a risk that real and pseudo authorities decline, and, according to popular belief, have a right to decline?

Many think that the exaction of a fee in advance from very poor people is a particular hardship; they call the physician insisting upon it rapacious, cruel and heartless, when he is nothing of the kind.

To look after the poor is the duty of the State or commune, and medical attendance is part of the care of the poor which each civilized government assumes as a matter of course. Neither a single citizen nor a class of citizens is morally or lawfully bound to take the care of the poor out of the hands of the State or commune—why should physicians do so ?

There are a good many physicians who tend to poor patients without exacting or expecting pay—that is their way of almsgiving, not their duty which the community has the right to expect. A physician is under moral obligations to tend to the poor no more than a lawyer is morally bound to fight poor people's legal battles.

I agree with those who think that when a physician undertakes the treatment of a sick person he engages himself to do everything in his power to restore his patient's health.

The question is: Can he do it? Take the case of a man suffering from a disease that demands the inoculation of blood from another person. You can't bleed a person unless he permits you to do so, and the physician, being without funds, may be prevented from fulfilling his entire duty. Another case: A patient is suffering from an annoying illness which, however, doesn't threaten his life. The illness could be done away with by an operation, but the patient may decide not to be operated on.

The question whether a physician has the right to lie to his patient, deceiving him as to the seriousness of his condition, is an old one. The concensus of opinion among medical celebrities seems to be that a practitioner should keep as near to the truth as he possibly can without hurting his patient.

Here is an instance : A business man comes to a physician and tells him of his little bodily ailments, winding up his report with the question: " Have I got many more years to live, or are those pin-pricks of ill-health the forerunners of a great, lasting illness that will lay me low? I want a straight answer, because I have to gauge my business accordingly."

If the physician is an honest man he will either tell the business man the plain truth, no matter whether he makes him feel badly or not, or will decline to answer, pleading

that it's his business to cure disease, not to engage in speculation.

To assure him that he has a long life before him, when he has not, would be at once dishonest, unjust and dangerous, as the report might induce the marked person to set aside necessary precautions and neglect providing for his family.

A lie in a case like this is inexcusable on the score of humanity, and at best little good can come out of it. In the end no one will thank the physician for his gentle act.

I warn people not to give physicians with whose moral character they are not thoroughly acquainted carte blanche to operate on them, as in their passion for experimenting some physicians lose their heads and all sense of decency. Never give any physician power of attorney to dissect you, or part of you, alive. A layman is seldom able to decide about the necessity and the extent of the privileges asked of him for "science's sake," but a physician who respects himself will never operate on a person except with his full consent, and unless the person understands all about the possible consequences.

Some of the worst offenders in that respect are found among doctors and assistants of charitable institutions. It is hardly conceivable that such wickedness be practised under the guise of charity, but it is nevertheless true. Hence poor people's fear of going to the hospital.

The sooner laws are framed to stop these brutes, the better for the sufferers, the better for medicine itself.

A UNIVERSITY TRAINING AS A PREPARATION FOR THE MEDICAL PROFESSION.

BY IRVING HEWARD CAMERON, M.B., F.R.C.S.

If *physician* were synonymous with *doctor*, as the public generally seem to think, the proposition that everyone entering the profession of medicine should have a university education, would be so self-evident as to exempt this thesis from the necessary defence. Unfortunately, however, both terms have been so far sophisticated that the one no longer implies a natural philosopher and the other is not necessarily *teacher* or even *taught*.

Gellius, the grammarian, and Suetonius, the historian, tell us that in the second century a sciolistic individual, *semiliteratus*, arose for which it was expedient to coin the designation *literator*; let us hope that the historian of the early days

of the twentieth century may record that at this time, the ancient name of *doctor*, having lost its sinister homonomy, once more became synonymous with *doctus*. To this end, then, let us inquire why all who seek to enter on the medical curriculum should be required to furnish proof of such culture and attainment as are implied in the term "a university education," and the training and development which it connotes.

Imprimis, the science of medicine is one to which almost all other sciences and departments of knowledge are, or may be made, ancillary; so that the true physician involuntarily assumes the reaping, if not the cultivation, of that wide expanse which Bacon so easily appropriated as his province—"the sum of knowledge"—and becomes successful in the attainment of his high ideals in proportion to the width of the swath which his scythe can cut. Where else than in a university, in which the various avenues of knowledge are focussed to a common centre, and the acquisitions and experience of all made accessible to the one, can his mind and eye and arm be trained to the task of might?

Hence, accordingly, the nature of a medical man's studies makes it necessary that they should be pursued in places where all forms of learning and discovery, research and invention, are turned into one common stock of knowledge—a university, not a medical School simply.

Let us glance, for a moment, at the character of the material upon which he will have to exercise his calling, and see how it should affect the mode and place of his preparation. The material is twofold, or has a double aspect. On the one hand he has a patient to *care* for, and, on the other, a disease to cure. Cure

Now, *disease* is a departure from a state of ease or comfort or well-being, which is the corollary of the condition of integrity, wholeness, of health. This implies that the medical man must know and understand the anatomy or morphology, the embryology, the physiology, and bacteriology (human and comparative), the chemistry and physics of the animal body, and psychology in their normal relations effected therein by varying environment and meteorological conditions, changes of food, pathogenic bacterial invasion, poisons, injuries, and inherent degenerations, atavistic reversions, the influence of the mind upon the body, and the like. Where else than in a university can this investigation be properly or efficiently carried on? I assume, of course, that the object is to turn out a philosophic physician (a natural philosopher), a priest

of nature, and not a rule of thumb practitioner of the healing art, an artizan or handicraftsman. But the accomplished diagnostician and therapeutist has to compass much more than I have indicated, and even then he may know nothing of the obverse of the shield, the patient to be *cared* for in addition to, and sometimes apart from, the disease he manifests.

That the proper study of medical mankind is man, no one will deny. But where can man be studied in his individual and collective capacities, their interdependencies and interactions, so well as in the microcosm of the university where all sorts and conditions of men are gathered together from far and near, in intimate and daily contact, with different interests and origins, varying hopes and fears, divergent ambitions and resolves, instincts and desires alien each to each, but with one common purpose, the acquisition of learning, the diffusion of information, the increase of knowledge?

Oftentimes it happens that the knowledge of the *homo* thus acquired outweighs, in the given instance, the physician's profoundest acquaintance with disease. Oftentimes the treatment of the patient is all that is required, the disease being safely and best abandoned to the *vis medicatrix Naturae*, or, as old Dr. Graves quaintly put it, "the good providence of God."

of Dublin

As to the practitioner himself, what is required of him in addition to technical skill and knowledge? John Brown in his "*Horae Subsecivae*," adds that he must be *capax, perspicax, sagax et efficax.* Can any other place be found so well calculated to develop these qualities as the hive of industry and erudition which a university ought to be—the anthill evolving wisdom for the sluggard, the crucible in which are commingled theory and experience, speculation and ascertained fact, experiment and dogmatism, and all "the stir of the forces whence issued the world"?

Bacon has told us "they be the best chirurgeons who, being learned, incline to the traditions of experience, or, who being empirics, incline to the methods of learning;" and later experience has amply confirmed the truth of his dictum. It is the function of the university to illustrate and embody both.

In addition to Dr. Brown's quadrivium, a medical man has much need of culture, for this alone will enable him to appear to advantage in the highest circles of society, and will

never be out of place in the lowest walks of life, and of him, as of his pale arch enemy, it may be said

> * * * *aequo pulsat pede pauperum tabernas*
> *Regumque turres.*
>
> (Hor. Carm. I., 4, 13),

and this generally in advance, and sometimes to the long delay, of the more unwelcome guest.

All are not born amidst surroundings which conduce to culture, but intimate association with men of learning and politeness insensibly evolves the germ of gentle manners.

> *Doctrina sed vim promŏvet insitam,*
> *Rectique cultus pectora roborant:*
>
> (Hor. Carm. IV., 4, 33.)

Then, again, the age at which a boy leaves school is too early for him to enter upon the subjects of the medical curriculum with propriety and advantage. In the bye-gone days of the apprenticeship when a lad entered upon his medical career as upon a trade or handicraft, the attainment of "years of discretion" was hardly regarded as an essential prerequisite, and a "bedside manner" was an object of ambition; but to-day we must turn out a medical philosopher, a man of science, of literary training, of culture, of affairs, and for this a long and varied prodromal course is absolutely necessary. Moreover, even if from unusual natural ability and adaptability, a man of twenty-one succeeds in entering, fairly qualified technically, upon his profession, it will generally be found that his mind is not widened to the grasp of the complex problems he will be called upon to solve, his shoulders not broadened to the burden of responsibility, it will be his inevitable lot to bear. The time of the arts course should be the years of plenty in which to garner provisions against the evil days to come.

It will be conceded generally, I trust, that an arts course is a desirable preparation for the medical curriculum; but it will readily be conceived that opinions may differ widely as to its most appropriate form and scope. There is at present before the Senate a notice of a bill to amend the Statutes and Curricula so as to enable students, in certain courses, to graduate in arts and medicine, both within six years. The details have not yet been divulged. For myself, I do not believe it would be wise to shorten the course unduly, or to lay too much stress upon the natural sciences as a preparation for medical study. I am fain to confess a weakness for the old *literae humaniores* in the education of a physician, as of

every other gentleman, whose experience will be concerned with the gentler and the nobler, the less strenuous and more *human* side of life. As Ovid truly said, *Emollit mores nec sinit esse feros.* The step proposed, however, is one in the right direction, and I trust that the scheme will be so carefully considered, so diligently elaborated and so wisely consummated as to prove a never failing cruse of oil to the lamp of science which has been burning with ever increasing brilliancy for fifty years in "this gorgeous temple of infidelity," which mingled with the darkness and was not comprehended of it, but which sufficed to illuminate the smithy in which was forged a yearly "link betwixt us and the crowning race of those who eye to eye shall look on knowledge, and in whose hand is Nature like an open book," a book wherein "the anointed eye may trace"—not "a dead soul's epitaph," but the unending upward progress of the human race.

THE EXPERIENCE OF A SUCCESSFUL PRACTITIONER.

[The following correspondence, copied from the *N. Y. Medical Record*, is an excellent hit at the patronizing airs assumed by some successful (?) practitioners when called in consultation by their confreres.—*Ed. Lancet.*]

When Mr. Smith urged me to see his child, after my consultation with Dr. White, I told him I could not do so, because Dr. W. was the regular attendant. Besides, I was overrun with work, and it was but fair that Dr. W. should have a start and make a living. I further said that I appreciated the feelings of a father who was anxious about his son, but under the Code I was forbidden to help him out of what he believed to be his difficulty. My assurance that the child would probably recover did not comfort him much; neither did he seem satisfied when I informed him that I would from time to time give Dr. W. such hints as occurred to me, as Dr. W. generally consulted me privately about his difficult cases. Such a trait, in my opinion, recommended him as a young man who was conscientious to his patients, and not afraid or ashamed to learn.

Just then Dr. White dropped in the office, and was somewhat surprised to see Smith and me in conference. Smith was, however, astonished, and for the moment did not know what to do. This gave me my opportunity to put both at their ease by saying that Mr. S. was naturally much worried about

his child, and not knowing anything about the Code had dropped in to talk over the case; and that I had comforted him by telling him that Dr. W. was just the man for the case, and that it was not proper for me to interfere by word or act. Dr. White was pleased, and the ice was broken for a general conversation. The latter ended by my promise to be present at a consultation on the morrow. After Smith left Dr. W. and I had a frank conversation on the proper relations which should exist between patient and physician and between each other. At the same time he intimated that Smith seemed to be a little dissatisfied. White did not believe in keeping cases against the will of the patient, and became virtuously indignant at the want of confidence in him. So incensed did he seem that I was fearful he might give up the case at once ; however, I coaxed him to hold on, and he finally left in good humor.

The following day I arrived at the patient's house before Dr. White, and waited for him at the bedside. While doing so I learned that Harry had three passages since the night before, and was worse. The mother then showed me the medicine that Dr. W. had ordered. I said that there must be some mistake; that in fact the remedy was the same as the child had been taking when I called, and signified my desire to see the new medicine. When informed the mixture was made by Dr. W. since the consultation, I at once smiled and changed the subject. The mistake arose from the fact that Dr. W. had repeated the rhubarb and soda instead of using the chalk-mixture. Although this annoyed me somewhat, I merely remarked that Dr. W. must have misunderstood me; that the medicine should be white instead of red, and that I would explain the matter to him when he came. In the course of the conversation I learned that each time after partaking of the medicine the child became worse; but I merely said she should stop giving the remedy, and that we would make it right when the doctor arrived. Just then he came in. I had the bottle of medicine in my hand, and apologized for my apparent interference by remarking to him that he had misunderstood me, and that the child appeared to be worse. He blushed somewhat, and said that he had none of my medicine with him at the time; a remark that was very indiscreet in the presence of an anxious parent. However, I said that as I carried it around with me always, and used it a great deal, I would give him some. Accordingly I made the mixture upon the spot, administered it to the boy, and retired to consult. White agreed to continue with the chalk

mixture; and when we returned the boy said he felt good, wanted to sit up, and said he was hungry. I playfully remarked that he liked his medicine, and that he was getting better already. Dr. W. smiled also, and the mother seemed to be quite happy. Shaking hands with little Harry and patting his head, I took my leave, saying that the doctor had done everything necessary, and that I had nothing more to suggest. We left together; W. apologized for not using the chalk mixture the day before. I told him that it was a small matter, but was upon my part sorry I had alluded to the fact before the mother.

The next morning White called on me to say that, although the child had improved, the family dismissed him, and urged me to see the case. I felt very delicate about the matter; but as I knew that my former partner would be called in, and as Dr. W. and the family were both willing, I consented, if sent for, to see the case through. After coming to such a conclusion, Dr. W. thanked me for what I had done for him, and assured me that he was willing to leave himself and his former case in my hands. Harry recovered in a day or two; but all I can do I can not persuade the mother to employ Dr. W. any more. Can I do more?

I have often tried to impress upon Dr. W. the importance of humoring his patients, and have many a time told him he was too dogmatic. On several occasions I have been placed in an apparently false position by his obstinacy. To give an instance: A wealthy gentleman from the city built a fine mansion in the village, and came with a letter of introduction from a college professor to Dr. White. Dr. W., of course, had the family. I was glad to hear of his good luck, especially as the wife of the gentleman was an invalid, and required a great deal of attention. One day upon driving past I was hailed by the servant, who asked me to step in and see his mistress. I obeyed the summons, and found a delicate lady reclining upon a lounge, complaining of a ball in her throat, great oppression in breathing, great pain in left side, and a desire to urinate frequently. She informed me that she was Dr. White's patient, but was somewhat discouraged with his treatment. I at once told her that Dr. White was a splendid fellow, one who had a great opportunity for working out her case; that although he had but few patients, he loved to study, and was on the whole a very safe, if not too cautious a practitioner. But this did not quiet her pain. She said that Dr. W. had not only left her medicine which made her worse, but that he had insisted on her taking it in

spite of the pain. I asked her, with honest incredulity upon my countenance, whether he actually said so. I tasted the medicine and repeated the question with a like answer. Being then assured there was no mistake, I said that he was probably right, but that she had better not take any more of the medicine until I saw Dr. W. She then seemed better satisfied. I found, on questioning her, that Dr. W. had not made any vaginal examination, nor had he hinted at any. Some way or other she squeezed out of me an opinion that her whole trouble was uterine, and that an examination was necessary. I think that I told her as much before I knew whether or no White had expressed any opinion. At all events, to humor her, I examined her on the spot, and discovered an abrasion of the os. I promised her that I would tell Dr. W. about it, and left her without any further suggestion. Now W. is one of those stubborn chaps who do not believe in abrasions; but I tell him almost every woman has them, or ought to have them, and he will be always safe in a diagnosis. He informed me that he did not intend to humor such a prejudice upon the part of his patient, and seemed a little angry. In spite of all I could do, when the husband of the lady sent for me to attend her, I could not persuade her that White was of the two doctors the better man.

This case, by the way, narrowly escaped going to my partner, who is a uterine man, and who is favorably known among the laity as the inventor of a self-entering, self-retaining, back-action speculum. I do not think much of his instrument, however, as I have invented one of my own. It is needless to say that the case progressed favorably, and I secured a good fee. It might just as well have gone to Dr. W., for I did the best I could for him as a professional brother. The result of this case was published in our town paper; but as I was chairman of the Committee of Ethics of our county society, I explained the case satisfactorily.

Although I have gone somewhat into detail regarding the matter of this epistle, it has been my desire to show that, with every appearance of having actually stolen patients from Dr. W., I did everything I could "under the Code" to protect and befriend him. And yet there are some who say there is no necessity for a code.

THE GOLDEN RULE OF MEDICAL LIFE.

But as endowments alone will not make a successful medical school, so the best preliminary and professional education will not of themselves make a man a good doctor.

In professional life right feeling is not less important than right reasoning.

Some remarks made by Dr. William Osler, in an address delivered to the students of Columbus College not long ago, are so much to the purpose that they will bear quotation here.

The distinguished professor of Baltimore said: "The medical profession is one in which every man can make a success—that is to say, he can be successful if he will work hard, study hard, and take an interest in his patients; not that they are patients, but because of his duty to mankind. Practise not only with your head but with your heart also. Avoid professional jealousies and bitterness. Doctors are worse than parsons in engendering ill-feeling among themselves. When you locate, look up all respectable doctors, and leave your card. Tell them you are going to locate, and that you are going to deal squarely, and you will find they will treat you right. Shut up at once the patient who would tell you of the faults of a professional brother. They will go to another and say the same of you. If you go with the seamy side out, the same side will be turned toward you. Go with the woolly side out, and all will be well, and success crown your efforts. Put into a sentence, the golden rule of medical life is that the practitioner should in all circumstances be like him who

> "Bore without abuse,
> The grand old name of gentleman."

"Were a star quenched on high,
For ages would its light,
Still travelling downward from the sky,
Shine on our mortal sight.

"So when a good man dies,
For years beyond our ken
The light he leaves behind him lies
Upon the paths of men."

THE PASSING OF SECTARIANISM.

Sectarianism is a phase of human disagreement mainly limited to religion and medicine. Law obviously does not permit an organization in opposition to that which is established; difference of opinion regarding questions of politics scarcely warrants the use of the term, because no one party can be regarded as standard. As soon as political difference of opinion practically ceases to exist, along a certain line,

either the corresponding parties become obsolete, or the party organization and name is continued with a new meaning. Perfect organization of science and industry is scarcely feasible to the degree that there will be a main body of one belief and considerable minorities of opposing beliefs. In other words, the astronomer who differs radically from other astronomers, or the mechanic who is at odds with others of the same trade is either intellectually warped or he desires personal freedom from the responsibilities of association so that he can not or will not become a part of a sectarian organization.

Sectarianism in medicine or religion may be a matter of dogma or methods. In general, a universal religion or a united medical profession is a desideratum, on account of the possibilities of organization and the enormous power and influence attained. At the same time, sectarianism is not in itself an evil and it is sometimes a necessary check on the arbitrary exercise of power or, at least, a beneficial protest in the line of personal liberty of thought and action.

It is impossible to draw a close comparison between religious and medical sectarianism, as the former depends upon difference of opinion regarding explicit creed and conscientious objections to methods of administration or of ritual, while the medical profession has never had a definite creed and its methods have always followed the highest professional spirit of the age, with a strong conservative tendency.

The principal sect in medicine, so far as America is concerned, is the homeopathic. Considered as a body, its members have never differed from those of the parent profession except as to matters of therapeutic fact, having followed the established customs in regard to ethics and general professional spirit and not even differing materially as to any branch of medical study except therapeutics.

It might be claimed that homeopathy should never have been established as a sect but that its adherents should have practiced under the general right of the individual physician to choose his own methods of treatment. This point does not seem to us to be well taken. The original homeopathy differed so widely from ordinary practice, especially of the time, that we think its adherents acted consistently in establishing a separate sect. There could be no harmonizing of Hahnemannism with the system of medicine in vogue at the

time, and it would have been absurd to suppose that the minority, differing radically from the majority, could have remained as members of a catholic profession without greater friction and disunion than were entailed by a formal separation. This was generally recognized on both sides and, much as we may regret the animosity and open hostility that ensued, we must respect the mutual decision that separation was necessary.

The eighteenth and nineteenth centuries will be marked in history as the period when the world was cleared of most of its great differences as to matters of principle. It is not surprising that churches, political parties, social orders and the medical profession sometimes raised prejudices or points of mere difference of judgment, to the position of principles. There remain in the whole civilized world, very few points of difference among honest men, except those which are recognized as involving no moral issue but simply matters of wise or unwise business judgment.

The change of attitude of the medical profession is not so much a professional as a social evolution. Just as different Christian denominations have conceded, first that members of other denominations might occupy the same heaven and, then, that they might even unite in this world for common work along philanthropic lines, as members of opposite political parties have realized that the demand for ordinary integrity in the conduct of government was a matter for joint action, so members of the general medical body and homeopaths have discovered that they might safely be personal friends and that they might co-operate so far as matters of medical education, public sanitation, and professional ethics are concerned. What has been said regarding the homeopathic school, applies equally to the eclectic, except that the last term in the Eastern States has been preserved rather as a designation of advertising physicians than of a school of practice.

If this were all that had occurred to change the relations of homeopaths to the unspecified portion of the medical profession, we should advocate the continuance of the sectarian difference, minus the old prejudice and hard feeling. Hahnemannism involved three elements of incompatibility with the established practice of the latter part of the eighteenth century; the divisibility of dosage to a greater degree than the divisibility of matter, the universal application of a definite rule of practice, often literally true but commonly regarded as paradoxic, and the avowed treatment according to symptoms,

instead of pathologic conditions. It is not surprising that both the general and the homeopathic practice should have changed materially in more than a century and it is inevitable that conscientious seeking after truth and the tendency of the age toward fact and away from theory, should lead both in the same direction. The literal follower of Hahnemann was a man of straw for his opponent, but the man who acknowledged the influence of Hahnemann could scarcely be expected to forego development and advance, simply to accommodate a rival in debate.

Medicine-giving, from being almost the whole of medical practice, has become merely one of many means, and the surgeons and practitioners of specialties which are mainly mechanic and operative, have long recognized that differences of school were principally differences of clientele. Even in materia medica, the inclination to give as little as possible, on the part of the member of the general profession, and to give as much as might be necessary, on the part of the homeopath, have often brought the actual results close together. Again, just as different branches of mathematics may reach the same result by the most diverse methods of reasoning, it frequently happens that the application of the rule of similars and a study of morbid processes and pharmacologic action, lead to identical conclusions. But, just as the old methods of proving stimulated the general profession to close study of disease and the action of drugs, so the homeopathic colleges could not fail to recognize the superiority of actual investigation of diseased organs and of the measurement of the effect of drugs on animals.

The medical profession realizes the disadvantages of separate organizations and is asking itself whether the union of all medical men into one body may not be feasible. It seems to us that, in this consideration, methods should be more closely scrutinized than dogmas. There is no advantage in joining elements which would immediately precipitate a controversy as to professional methods. Whether we consider quackery as morally wrong, or merely as incompatible with professional dignity, or, as it has been put, as "contrary to the rules of the game," there is nothing to be gained from admitting physicians, however well educated and however legal their status, who would degrade the ethical standard of the profession.

Regarding ethical practitioners of sectarian designation, it is simply a question of mutual advantage whether they

should affiliate with the profession as a whole or with a body of limited creed. Does the undesignated professional organization which, as a matter of convenience, has called itself "regular" and which has erroneously been called "allopathic," represent views not so far removed from those held by the homeopath, eclectic or other sectarian that it is worth while for him to sacrifice his special organizations and the opportunities which they afford for discussion of the corresponding system of practice? Conversely, does the homeopath or eclectic or other specially designated practitioner differ from the "regular" to such an extent that mutual discussion and consultation would be absurd, as it has been considered in the past? These questions should be considered carefully and dispassionately both from the standpoint of the individual and of the organizations involved. So far as social and public matters are concerned, there need be no formal consolidation, for there is ample precedent for cooperation on a friendly footing and the old prejudice is being gradually but surely shoved into the Atlantic.

We are glad to note these questions are being answered in the interests of professional unity. A couple of years ago a number of Cleveland homeopaths elected to join the general organization and the same process has lately embraced two homeopathic specialists of Buffalo. In many instances, sectarians have taken degrees at "regular" institutions for the sake of securing membership in general organizations, but this baptism is now usually regarded as unnecessary and the diploma of any reputable institution should be recognized as sufficient.

It should be remembered that the so-called regular organizations can, at most, show a cordial spirit and disavow the older intolerance. They have no creed, but simply stand for the average opinion of their members; they represent no school or sect, but simply the absence of a desire to qualify as allopathic, homeopathic, or otherwise the general designation of a doctor of medicine. They claim no divine nor governmental establishment, they stand for the work of no one investigator, they acknowledge no founder. Having no bonds to a fixed position, there is nothing from which they can recede and their stability and weight is simply that which is amassed from the gravitation of individuals, attracted mutually and exercising their power as a unit.

A "Regular" Physician.

THE DOCTOR AT THE PARTING OF THE CENTURIES.

To cure their ills, to guard the people's health,
Brings little fame and scarcely more of wealth.
'Tis rare indeed upon the roll of fame
To find inscribed the busy doctor's name;
Nor is it wrought in gold or carved in stone,
Few poets have writ the things by doctors done.
To worship heroes and to sing their praise,
To tell of love in many different ways,
Of human happiness and human grief,
All this has been of poetry the chief;
And yet, methinks, the greatest theme of all
Has been neglected, and scarce sung at all.
Who of all men sees most of all these things?
Who of all men to those who suffer, brings
Most comfort, most relief from pain?
Whose is the helping hand ne'er sought in vain?
Ask of yon happy little lad,
Whose legs were crooked and whose back was bad,
Who made him straight and put his back at rest?
Not quite behind, for some poor fools refuse
The proffered gift and fain would choose
To die or suffer and bear horrid scars.
Thus ignorance the way of progress bars.
Scarce one of us now living can recall
The awful tortures of the hospital,
When patients shrieked beneath the surgeon's knife,
When cruel pain alone could save the life.
But, thanks to Morton, Jackson, Simpson, Long,
To each some share of glory shall belong.

The pain is banished, and the knotted brow
Of agony is smooth and peaceful now.
Nor was the pain the only thing to fear,
The suffering patient had still more to bear;
The fevered wound which oft refused to close
Prolonged the period of the sufferer's woes.
Then Pasteur, Tyndall, Lister came upon the scene,
And surgeons learned the art of being clean.
These things have doctors done, and many more.
What of the future? What has she in store?
I dare not say, I dare not even guess,
And yet I know that it shall not be less.

A century is past, and now we stand before
The twentieth century's slowly opening door.
Then let us vow before the old is past
To make the next more glorious than the last.

"The teeming future,
Glorious with visions of a full success."

[A New York newspaper recently requested its readers to submit lists of those whose names they deemed worthy of a place within the Hall of Fame which is to be erected under the direction of the University of New York; 750 lists, each containing 50 names, were submitted, and among them all there was not the name of a single member of the medical profession. This circumstance suggested the foregoing lines.]

THE COUNTRY DOCTOR.

By Will Carleton, author of "City Ballads," "Farm Ballads," &c.

There's a gathering in the village, that has never been outdone
Since the soldiers took their muskets to the war of 'sixty-one;
And a lot of lumber-waggons near the church upon the hill,
And a crowd of country people, Sunday-dressed and very still.

Now each window is pre-empted by a dozen heads or more,
Now the spacious pews are crowded from the pulpit to the door;
For with coverlet of darkness on his portly figure spread,
Lies the grim old country doctor, in a massive oaken bed.
Lies the fierce old country doctor,
Lies the kind old country doctor,
Whom the populace considered with a mingled love and dread.

Maybe half the congregation, now of great or little worth,
Found this watcher waiting for them, when they came upon the earth;
This undecorated soldier, of a hard, unequal strife,
Fought in many stubborn battles with the foes that sought their life.

In the night-time or the daytime, he would rally brave and well,
Though the summer lark was fifing, or the frozen lances fell;
Knowing if he won the battle, they would praise their Maker's name,
Knowing if he lost the battle, then the doctor was to blame.

'Twas the brave old virtuous doctor,
'Twas the good old faulty doctor,
'Twas the faithful country doctor—fighting stoutly all the same.

When so many pined in sickness, he had stood so strongly by,
Half the people felt a notion that the doctor couldn't die;
They must slowly learn the lesson how to live from day to day,
And have somehow lost their bearings—now this landmark is away.

But perhaps it still is better that his busy life is done;
He has seen old views and patients disappearing, one by one;
He has learned that Death is master both of Science and of Art;
He has done his duty fairly, and has acted out his part.
And the strong old country doctor,
And the weak old country doctor,
Is entitled to a furlough for his brain and for his heart.

ANNOTATION.

"Peacefully he sleeps, by all our rights adorned,
Forever honored and forever mourned."

IMMORTALITY.

Occasionally we see a very beautiful passage quoted from Victor Hugo, on the life immortal, but it is nearly always quoted imperfectly. Here is the passage entire, as quoted by Light, of London, for May 20·

Man is an infinitely small copy of God. That is glory enough for me. I am a man, an invisible atom, a drop in the ocean, a grain of sand on the shore. But, little as I am, I feel that God is in me, because I can bring forth out of my chaos. I make books, which are creations. I feel in myself the future life. I am like a forest which has been more than once cut down; the new shoots are stronger than ever, I know I am rising toward the sky. The sunshine is on my head. The earth gives me its generous sap, but Heaven lights me with the reflection of unknown worlds. You say the soul is only the result of our bodily powers. Why, then, is my soul more luminous when my bodily powers begin to fail? Winter is on my head, but eternal spring is in my heart. There, I

breathed at this moment the fragrance of the lilacs, the violets, and the roses, as twenty years ago. The nearer I approach the end, the more plainly I hear the immortal symphonies of the worlds which invite me.

It is marvelous, yet simple. It is a fairy tale, and yet it is historic. For half a century I have been writing my thoughts in prose and verse, history, philosophy, drama, romances, tradition, satire, ode and song. I have tried all, but I feel that I have not said a thousandth part of what is in me. When I go down to the grave, I can say, like many others, I have finished my day's work; but I cannot say I have finished my life. My days will begin again the next morning. The tomb is not a blind alley, it is a thoroughfare. It closes on the twilight to open on the dawn.

NOTE :

"*Non Scholæ sed Vitæ,*
Discimus, Vitæ Utrique."

Seneca

TESTIMONIALS.

I have recently had the pleasure of reading, in manuscript form, Dr. Sprague's book on *Medical Ethics and Cognate Subjects.* The author has evidently devoted untiring energy to his work, and with such success that he should be amply rewarded. He has happily made a collection of most interesting articles, and, in addition, there are many of a superior character from his own pen.

So far as I know, a treatise of this kind is quite unique in the history of Canadian publications. While the obligations of medical men to one another, and their relations to the community, are necessarily discussed in a grave and dignified manner, here and there a witty anecdote or a quaint bit of poetry is introduced to emphasize the doctrine or point a moral; so that even the best trained veteran in the ethics of his calling will find it agreeable reading. Young practitioners especially require a work of this kind, and I would think it desirable that all should place themselves in possession of the fund of information that it contains.

WM. BRITTON.

17 Isabella street, Toronto, Aug. 12, 1902.

Holyrood Villa, 52 Maitland St.
Toronto, Sept. 17th, 1901.

Dear Mr. Sprague,—I think a little treatise on Ethics would be very well-timed, and I know no one who could write it better than yourself. I shall do all I can to spread it broadcast so far as my students go, for it is needed here in Ontario as everywhere else. Yours always very sincerely.

(Sgd.) W. B. GEIKIE.

Montreal, Dec. 27th, 1901.

Dear Dr. Sprague,—Please put me down for a copy of your book on 'Ethics' and let me know how and when you want the money—I presume after the book has been published. Wishing you every success in your venture. Yours very truly. (Sgd.) T. G. RODDICK.

A. Lapthorn Smith, B.A., M.D.,
Professor of Clinical Gynæcology in Bishop's University, Montreal, and Professor of Surgical Diseases of Women in the University of Vermont, Burlington; Surgeon-in-Chief to the Samaritan Hospital for Women, and Gynæcologist to the Montreal Dispensary.

Montreal, Dec. 6th, 1901.

My Dear Dr. Sprague,— I have always held that Medical Ethics should be taught regularly in the Medical Colleges, and if that were done, your interesting work would make a good text book. To the young physician, the knowledge and references it contains would be worth a hundred times the price of the book. Wishing you a large sale of it, I remain, yours sincerely. (Sgd.) A. Lapthorn Smith.

Detroit, Mich., May 17th, 1902.

The "Code of Ethics," by J. S. Sprague, M.D., C.M., is a book that should be in every medical man's library. In fact it should be on his desk. The book teaches advice of the physician to his patients and also of the patients to their physicians. In no place can he get it better or more concise than from this volume. Here it shows the young medical man, lodge practice, gives him an idea of medical fees, shows up the different pathies, and to the old or young physician it is a work that can be read with profit and enjoyment. The editor, Dr. Sprague, is a well-known writer. I take great pleasure in recommending this book to my brother practitioners in this country as well as in Canada as a book that will bring us nearer to each other and make us better medical men.

E. B. Smith,
Prof. of Principles of Surgery and Clinical Surgery, Michigan College of Medicine and Surgery, Detroit, Mich.

We are in receipt of the introductory page of a work entitled "Code of Medical Ethics," by James S. Sprague, M.D., C.M. As we have not been honored by a copy of the work we are unable to speak of its merits or demerits. The work is that of a medical gentleman who has been for more than thirty years actively engaged in medical practice as well as a voluminous writer for medical journals. It should be not only interesting but instructive reading.—*Kingston Medical Quarterly.*

The book deals with a number of well arranged chapters on lodge practice, medical legislation and licenses of the different states and territories. The object of the work is to elevate the medical profession. The writer is certainly bright and has some strong points for the betterment of the medical man and for the profession. The work is one that should be in the hands of the young physician, as well as those who have labored long in the profession. We feel that the work covers a field that has been neglected, and that all medical men can read the work with profit.—*The National Hospital Record*, Detroit.

Dr. Sprague. Dear Doctor,—I hope that you may make a success of your book, for there is great need of such a work; there are so many who do not seem to know anything about the Code. These rules are implanted naturally in the breast of every kindly, honest and truthful physician.

WILLIS P. KING, M.D., Kansas City, Mo.
Ex.-Pres. Am. Med. Association, and author of "Stories of the Country Doctor."

Coolville, Ohio.

Your Code of Medical Ethics has a mission. Too much can not be done along this line. I pray continued success accompany your efforts. Sincerely,

A. E. LAWRENCE, M.D.,
Author of "The Physician and Patient."

PROTESTANT HOSPITAL FOR THE INSANE.

DR. T. J. W. BURGESS,
Medical Superintendent.

Montreal, Que., May 11th, 1902.

Dear Dr. Sprague,—A concise treatise on Medical Ethics is certainly much needed in Canada, and there are few better fitted for the task of preparing such than yourself. Please enter me as a subscriber for your work, which I trust will, as I feel sure it must, prove an unqualified success, and a mine of useful information to the profession throughout our great Dominion. Faithfully yours. T. J. W. BURGESS.

---

123 Stanley St., Montreal, Dec. 12th, 1901.

I am more than pleased to learn that 'the spirit has moved' my friend and former fellow student, Dr. James S. Sprague, to edit a volume on Medical Ethics, which, so far as I can gather from a synopsis of the subject matter, and so far as I can judge by what I know of his superlative talent

for seeing things just as they are, will form a valuable and interesting addition to the library of every medical man whose heart is in his work and who loves his profession for its own sake.

(Sgd.) F. Buller, M.D., M.R.C.S., England.

Detroit, Mich., May 19th, 1902.

The "Code of Ethics," by J. S. Sprague, M.D., C.M., is, in my opinion, a volume of utmost importance to the physician, if he wishes to be up to the times in his ethics and in his manner before the patient. Much original matter is contained in this book which will not be found in any other, most helpful to the physician and useful in every phase of his professional life. It should be on the desk of every practising physician, of whatever school.

Jas. H. Sanderson, A.B., M.D.

A. M. Trawick, M.D.,
Nashville, Tennessee.

Ex-President of the Nashville Academy of Medicine; Member Tennessee Medical Society; Member of American Medical Association.

Dear Dr. Sprague,— . . . I will be pleased to receive your book, which I have no doubt will be well received by the profession. Sincerely yours, A. M. Trawick.

May 19th, 1902.

Sir Gilbert Parker, M.P., D.C.L. (*Trin. Univ. Toronto.*)

20 Carlton House Terrace, London, Eng.
8th September, 1902.

Dear Dr. Sprague,—I am very glad to hear that your life of study and your devotion to the profession to which you have given energy and ability are to find a new expression in a medical work likely to be of use to the world.

Very many years ago when the business of life had taught me little as yet, I formed a real admiration of your mental qualities.

The boy's instinct has been endorsed by the man's observation and experience, and I feel sure that your profession will be your debtor for a wise and an able contribution to the literature of medicine.

With kind regards,

Yours very truly,
Gilbert Parker.

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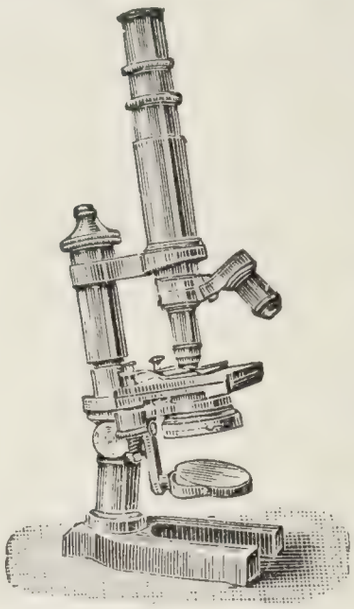

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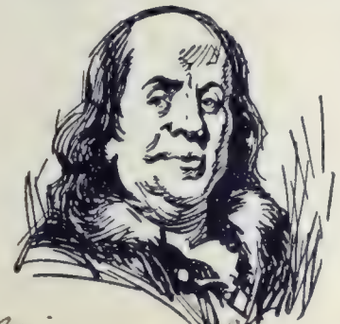
God and the Doctor we alike adore
But only when in danger, not before;
The danger o'er, both are alike requited,
God is forgotten, and the Doctor slighted.
John Owen (imitating Brit. Martial)
1560–1622



Even in Pope's time!

"Just at the verge of danger
— not before,
God and Doctor we adore; alike
When the danger is past,
and all things righted,
God is forgotten,
and the Doctor slighted."

An Epigram of John Owen, the British Martial 1560–1622.

"Dear Sirs:—

LYNDEN, ONTARIO

"Feb. 4, 1929. "J. B. Mackay, M.D."

Does the road wind uphill all the way?
Yes, to the very end.
Will the day's journey take the whole long day?
From morn to night, my friend.
Christina Rossetti
uphill

291 SHERBORNE STREET,
TORONTO.

Marcus Valerius Martialis Worst's Greatest Early Writer of Epigrammatic Poetry, born in Bilbilis, Spain. 1st March 39-40-or 41 a.d. died, probably, 102-104. The two Senecas, Lucan and Quintilian were also Spanish by birth. Martial left the ~~most~~ picture of Contemporary Rome. Arrived in Rome a.d. 64 (Nero's reign) having been Educated for the Bar at Tarraco or at Corduba. He returned to Spain in 98, but never got back to Rome. The Younger Pliny records his death in Spain. 1578 of his Poems are Still Extant. Titus and Domitian were patrons of his. To the names of his friends Mentioned above may be added, as literary people, Marcella, his patroness, Pliny the Younger, who lent him money, Juvenal and Silius Italicus. Tacitus and Statius were Contemporaries, but, probably, no friends. About 10% of his output was coarse and obscene. (a clean hearted + clean lipped man) After his death the Younger Pliny wrote "he was a man of talent, penetrating, keen, with Exceeding wit and Satire as a writer, and with no less Candour". Of his own work Martial says: "Good, fair, and bad Nero, Titus & Domitian welcomed his flattery and rewarded it; but Trajan was proof against it, and he died in Comparative poverty.

May here be had.
That's no Surprise!
'Twere vain to look
For any book
That's Otherwise"
(Kirby Smith).